THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. XXXIII 1952 Part 1

ORIGINAL PAPERS

THE EMOTIONAL POSITION OF THE ANALYST IN THE PSYCHO-ANALYTIC SITUATION [1]

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I

The various clinical phenomena which have been called counter-transference occur in the setting of the analytic situation. The analytic situation may be described as the total configuration of interpersonal relationships and interpersonal events which evolve between the psycho-analyst and his patient. The patient's part in this configuration is understood in terms of the transference as discovered by Freud. The analyst's 'normal' rôle has been regarded from the same standpoint. It has been understood that the analyst so conducts himself that the transference in all its aspects develops in its own terms. Classical technique has been directed not towards its manipulation but towards its systematic resolution through analysis. This has been based on the assumption that the analyst is by his own intention and in the eyes of the patient a neutral figure on to whom the patient's centrally significant object relations are displaced.

Nevertheless, we have long been aware of deviations from this in practice. As early as 1910 Freud stated: 'We have begun to consider the "counter-transference", which arises in the physician as a result of the patient's influence on his *unconscious feelings* (my italics). . . . We have noticed that every analyst's achievement is limited by what his own complexes and resistances permit . . .' (1). In our students we have been able to identify 'errors in technique' as due not simply to ignorance, but often to intrusions from their own emotions and attitudes towards the patient. Even experienced analysts do not adhere strictly to theoretically prescribed conduct—sometimes with intention and sometimes for psychological reasons of their own. In all such instances there are results produced in the analytical situation which affect its configuration.

Furthermore, recent developments in the psychotherapeutic functions of psycho-analysis, such as experiences with borderline character problems (2) and with schizophrenic psychoses (3) have pointed to the importance of the analyst as a real object. It is important, therefore, to attempt a systematic consideration of the actual rôle of the analyst in the analytic situation.

II

The term 'counter-transference' was originally used to designate the emotional reactions of the analyst to (against) the patient's transference. It was looked upon as a disturbing factor inasmuch as it interfered with the emotional neutrality of the analyst which allowed the transference to develop in its own terms. On the other hand, it disturbed the analyst's capacity for the freely hovering attention which enables him to listen effortlessly, to remember, to understand, and to interpret correctly. If the analyst is to see the patient in terms of the latter's history, structure, and dynamics, he must himself be emotionally uninvolved. These

[1] Read at the Midwinter Meeting of the American Psychoanalytic Association, New York, 1949. Presented in the present revision before the Washington Psychoanalytic Society, January 15, 1951.

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conceptions were the inevitable complement of Freud's original definition of the transference as ' a displacement upon the therapist of emotions or feelings which the patient had experienced in childhood toward his parents and other (significant) persons '. If the transference is to be a truly irrational recapitulation of childhood relationships subject to psychoanalytic interpretation, then nothing in the current reality must intervene to give it concurrent validity. These are still the guiding principles of classical psycho-analytic technique. For these reasons the analyst himself must be analysed while the manœuvres which he employs in the analytic setting are intended to preserve his anonymity and to separate the patient's affectivity from his own.

As I have indicated, in practice this theoretical ideal is not fully attained. The smooth analytic surface is inevitably rippled by the analyst's humaneness and personal ' style '. (4). The transference field is contaminated by such factors as the ' before ' and ' after ' moments that surround the analytic session, the analyst's inadvertent or technically intended conduct during the hour, and those unavoidable contacts, direct or indirect, which occur in our tight little psycho-analytic communities. The consequence is that it has become quite difficult if not impossible to be certain of what is being referred to when the term ' transference situation ' is employed. Strictly speaking, it means ' that which is recapitulated from childhood '. Yet there is no doubt that it is used also to refer to feelings and attitudes which the patient brings into analysis from other sources. Among these we have become aware of the possibility that the patient may react, validly or invalidly, to the recognition of the analyst as a person; and that he may react to the analyst's attitudes towards him.

These complications of the transference situation and our view of it are paralleled by complications in our notions about the counter-transference. These can be demonstrated by the various conceptions of the counter-transference which have been advanced by various writers.

Paula Heimann calls counter-transference ' all the feelings which the analyst experiences toward the patient '. What distinguishes these feelings from those of the patient is ' above all the degree of the feelings experienced and the use made of them, these factors being interdependent '. The analyst's own analysis enables him to ' sustain the feelings which are stirred in him, as opposed to discharging them, in order to subordinate them to the analytic task '. The basic assumption is that ' the analyst's unconscious understands that of his patient. This rapport comes to the surface in the form of feelings which the analyst notices in response to his patient, in his " counter-transference " '. The assumption this leads to is that counter-transference feelings may be productive of analytic understanding and good technique or, if the analyst is in personal trouble, they may lead to defence manœuvres which manifest themselves in the overt behaviour which is more commonly referred to as a ' counter-transference ' (5).

Fliess considered the analytic ' rapport ' which is referred to above to be a ' trial identification '. He described this in the following four phases: ' (1) The analyst is the object of the (patient's) striving; (2) he identifies with its subject, the patient; (3) he becomes this subject himself ; (4) he projects this striving, after he has ' tasted ' it, back on to the patient and so finds himself in the possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation. . . . In the first phase, in which he is the object of the striving of his patient, an instinctual response will be stimulated in the analyst. This is called the ' counter-transference ', *but it deserves this name only in the case of the further complication that such response repeats an infantile one and uses the patient as a substitute for its infantile object* (my italics). The problem of what to do with this induced striving (in the analyst) becomes therefore identical with the problem of " handling the counter-transference " ' (6).

Winnicott correctly sets aside the phenomena which have been called counter-transference in analysts who have been themselves inadequately analysed. These are merely the manifestations of a neurosis continuing to operate in a new setting. Nor does he consider as ' counter-transference ' the idiosyncratic tendencies of an analyst which are determined by his personal history and structure and which make his work different in style and quality from that of his colleagues. He believes that ' the truly objective counter-transference ' is ' the analyst's love and hate in reaction to the actual personality and behaviour of the patient '. With particular reference to psychotics he states that ' if the patient seeks objective or justified

hate he must be able to reach it, else he cannot feel he can reach objective love'. The analyst needs to be like 'a mother [who] has to be able to tolerate hating her baby without doing anything about it' (7).

Annie Reich has stated that 'counter-transference comprises the effects of the analyst's own unconscious needs and conflicts on his understanding and techniques. In such cases the patient represents for the analyst an object of the past on to whom past feelings and wishes are projected, just as it happens in the patient's transference situation with the analyst. The provoking factor for such an occurrence may be something in the patient's personality or material, or something in the analytic situation as such.' This she considers 'counter-transference in the proper sense'. The simplest cases are 'those which occur suddenly under specific circumstances and with specific patients'. The more complicated cases which are characterized by the total attitude of the analyst towards a patient or patients belong to the permanent neurotic difficulties of the analyst. Dr. Reich is inclined to believe that most counter-transference difficulties belong to this permanent type (8).

Berman, concerned with what he considers to be the necessity of positively toned attitudes towards the patient for the favourable course of the 'therapeutic process', states: 'Actually most analysts' positive feelings for their patients involve a wider range of feeling whose totality we shall describe as *dedication*. It is dedication in this wider sense of the dedication of the good leader and good parent that makes an analyst's attitude of kindly acceptance, patience and so on, genuine and effective'. Here the counter-transference is presented as the more or less consciously determined therapeutic intention of the analyst (9).

In a symposium held by the Chicago Society in 1949, a similar view on what constitutes the counter-transference was introduced. While recognizing it in the various aspects which have been presented thus far, the position was taken that counter-transference is a part of psycho-analytic technique, that a 'corrective attitude' can and, in given circumstances, should be taken by the analyst, consciously based on the emotional needs of the patient as determined by the defects of originally significant figures (10). A dynamically more important observation was introduced by Dr. Benedek regarding the reaction of the analyst against 'recognition' by the patient of aspects of himself as a human being. Her implication that the therapeutic incognito may be used by the analyst as a counter-transference defence is clearly important (11).

III

It is obvious from what has been said that there is a wide variety of reactions of both patient and analyst, which are designated respectively as transference and counter-transference. Assuming that he satisfies the basic requirement that he has been well analysed, we still see that the analyst may bring into the analytic situation interfering emotional factors of which the following are examples:

(1) Post-analytic residuals such as a surviving identification with his own analyst.

(2) Narcissistic power motives characterologically masked, such as the apparently benevolent wish to cure.

(3) Unconscious instinctual aims which may have been analysed in relation to other objects but may nevertheless find refuge in the activity of analysing.

(4) Surviving vestiges of original conflicts which introduce into the analytic situation the possibility of exacerbations of anxiety in the analyst with the consequent appearance of the classical 'blind spots' or of acting out defences.

(5) Current problems in the personal life of the analyst which have not yet been solved and integrated (12).

Offsetting such 'interfering' factors, we find in the qualified analyst:

(1) Intellectually sublimated curiosity about the feelings and behaviour of other people and about himself. It is recognized that there may be a thin boundary between this and unconscious scopophilia as an instinctual aim.

(2) Object-attitudes including emphatic compassion which is distinguishable from sympathetic identification, and helpfulness which is distinguishable from omnipotence or masochism.

(3) Finally, we expect to find in the qualified analyst an emotionally 'open' system of communication between the various aspects of his character and personality. There is a fluid process of checks and balances among his instinctual and defensive tendencies so that none is fully isolated, self-operating and self-sustaining. We assume such a person to be in a state of flexible rather than rigid equilibrium

and control. Such a person is in a spontaneous state of continuing self-analysis. For him the analytic situation is one in which self-analysis is concurrently integrated with the events and process of his patient's analysis. Thus, a 'third ear', directed towards himself, maintains the continuing prospect of resolving the analyst's own interfering emotions while coping with those of his patient. This, perhaps, is the most important technical qualification of the analyst (6) (12) (13).

The interaction of these various factors and the possible prevalence of one or more of them produces the final picture of the analyst as a person and as a therapist. This is the basis for the fact that a given analyst may have special therapeutic capacities with special types of patients while, on the other hand, he may also have particular therapeutic disabilities. In other words, since the analyst, like the patient, comes into the analytic situation with his own quota of potential non-rational attitudes, the opening phase of any analysis confronts the analyst with problems of social integration similar to those which would confront him in any new interpersonal situation.

The analytic situation is a microcosm in which the analyst has elected to live a significant part of his life. To the extent to which this is true, the analyst is entering a relationship in which his task is to integrate himself rationally in the face of difficulties. The trial analysis is thus not merely a test of the analysability of the patient but it also contains a test of the analytic situation for the analyst. Thus, the problem which the trial analysis needs to solve is not only whether the patient has a margin of integrative capacity which makes the analytic situation tenable for him, but also whether the analyst's pattern of social integration is inclusive of the particular aspect of life which the patient presents to him.

It would seem, therefore, that no analyst enters upon the analysis of another person without residual potentialities for reaction either to the patient, the patient's material, the patient's transferences, or the patient's real attitude toward him as a real person. These potentialities for reaction belong to the fact, as Freud has shown, that analysis is interminable. They are the result of presentations by the patient which touch on surviving transference potentials or on still vulnerable aspects of the analyst's narcissism and character defences. In the presence of these the qualified analyst can nevertheless exercise his technical capacity because he comes to each successive patient situation with the broad outlines of personal insight and integration. He no longer treasures his narcissistic illusions at all costs and, as Dr. Heimann has shown, he is capable of 'sustaining' the blows that they are exposed to.

IV

Up to this point in my own discussion of the analyst's reactions to his patients I have attempted to avoid a commitment to the use of the term 'counter-transference'. This has been deliberate for the reason that I wish to attempt to differentiate its use. To this end I shall now speak separately of the analyst's reaction to the patient as a whole and his reactions to partial aspects of the patient.

(*A*) *Reactions to the Patient as a Whole*

The qualified analyst brings to each patient situation goal and object directed attitudes comprising intellectual curiosity, capacity for empathy, and the wish to be helpful. If an analysis is established, these remain the analyst's compass, his rudder, and his anchor through all the vicissitudes of the analytic course. However, in any given new analytic situation, it may happen that the analyst will discover that these sublimations are massively overwhelmed, either by excessive intensity or by contrary feelings of indifference, boredom, irritation, or uneasiness.

It would seem that such initial emotional attitudes in a new analytic situation derive their interfering quality from the fact that they emanate from a surviving neurotic 'transference potential'. They may be less intense and less compulsive than my description would imply, and, because of the positive qualifications of the analyst, they may be more under the control of the reality-testing attitudes. In some instances they might even be resolvable. This is why it is possible for the analyst to hold himself out as a therapist and why he is able to conduct valid analyses with a fairly large class of patients. On the other hand, in special situations, these very facts reveal to him his unsuitableness for a particular patient.

Example 1

I have terminated my connection with a patient after a trial period not because I considered the patient unanalysable but because the patient was not analysable by me. The eventual proof of this

was the successful analysis of the patient by the analyst to whom I referred her.

From the beginning I had had a vague feeling of uneasiness with the patient, a young married woman who had come because of difficulties in her relations with her husband, and who, from the beginning, presented only complaints of the injustices which she had suffered throughout a rather difficult life. There was never, during the eight weeks of my work with her, any dynamic elaboration of these complaints and it was only when she presented a dream during the last week that I obtained a notion as to what she felt about the analytic situation.

In the dream I appeared as myself; while the female colleague who had referred her to me was vaguely disguised. The patient was small like a child though otherwise herself. The two adults, lying on a mattress, were juggling her between them with their feet. In the childhood background was the divorce of the parents and their struggle for the possession of the patient, which struggle the father finally won. In the dream my appearance without disguise indicated that I had introduced something into the analytic situation which in fact repeated an ancient interpersonal situation for the patient.

Such a clinical experience was the consequence of what was at the time a surviving neurotic transference potential which affected my whole feeling about the patient and was not solved by me until later. It was not an episodic response but was my reaction to the patient as a person. I think that this example makes it possible to say that a person who enters into a therapeutic relationship with overall feelings about and towards the patient, is not entering such a situation as an analyst, nor is the relationship thus set up a psycho-analytic situation. The phenomenon it illustrates belongs to the class of displacements which may appear in any interpersonal relationship. It is not a counter-transference. On the contrary the patient has become a transference object for the analyst and realizes it. Witness this patient's dream. This may be true whether the analyst's reaction towards the patient is negatively or positively toned.

With regard to a negative reaction, there is not much practical difficulty. Even though my feeling about this patient was obscure to me, it was nevertheless clear enough that I was of no use as an analyst in the situation which I have described. More troublesome, because they can be more illusory, are the positively toned reactions to the patient. Thus nowadays we hear much about ' motherly ' and ' fatherly ' analysts and about corrective emotional attitudes (10). There are undoubtedly genuinely motherly or fatherly people who happen also to be psycho-analysts. However, to the extent to which an analyst looks upon himself as such or is *professionally* classifiable as such it seems important to consider the possibility that he is presenting a chronic character defence or a surviving neurotic transference potential. As such it may be socially laudable and, in certain clinical situations, it may be psychotherapeutically useful, but in psycho-analysis proper it is a gross, interfering factor.

Example 2

A young analyst responded to a female patient, who had occupied her first hours with self-disparagement and the feeling that no one had liked her or could like her, with the reassuring comment that he could see no reason for her feeling that way in his case; that, in fact, he did have a good impression of her. In the next hour the patient presented a dream in which she saw the analyst sitting before her with his penis exposed but flaccid. The analysis was broken off by the patient during the trial period. The problems of the patient which contributed to this dénouement do not concern us here. But the ' error of technique ' committed by the analyst illustrates an attitude of ' therapeutic kindness ' which represented the analyst's abiding need to reduce the intensity of his own unresolved sado-masochistic impulses.

Students starting a new case will sometimes speak enthusiastically about how much they like the patient. Edoardo Weiss has spoken of the ' resonance feelings ' which an analyst may experience in reaction to patients towards whom he feels ' technically ' well disposed (10). Some such experience is involved when we find ourselves *feeling into* the patient's subjective state. In such instances it is a *contact* feeling with mixed intellectual and emotional components. The word ' empathy ' comes closest to explaining it. It carries a note of the familiar and the recognizable. It touches on something in our own experience and lets us know that somehow we and the patient have lived and integrated similarly (5) (6). But one must be cautious as to what is the subjective reality represented by such ' liking ' and such ' resonance '. Narcissistic identification and narcissistic infatuation may also produce ' resonance feelings '. Enthusiasm about a patient, masquerading under the cliché ' positive counter-transference ', may be the opposite number of the defensive erotized positive transference with which some patients elude us. Clinical experience convinces one that patients are able to exploit such so-called ' positive counter-trans-

ferences ' in the interest of their delusions and defences.

Summarizing my discussion to this point: It is my impression that total reactions to a patient are *transferences* of the analyst to his patients and are revivals of ancient transference potentials. These may be manifested in the over-all attitude towards patients as a class or may exacerbate in the ' whole response ' to particular patients. These attitudes may be positively or negatively toned. They are likely to manifest themselves very early in the contact with a patient and determine the tendency of the analyst towards the whole case. They may thus operate in determining the analyst's ' choice of roles ' and choice of patients, and this choice will tend to be rationalized in terms of the patient's ' needs '. They lead to the conception that the therapist's personality is the most important agent of the therapeutic process. Finally, they undermine the possibility of the inner reconstruction that analysis can provide.

(*B*) *Reactions to Partial Aspects of the Patient*

In contrast to transference, the counter-transferences of the analyst appear later and occur in the context of an established analytic situation. They comprise the analyst's reactions to (1) the patient's transference, (2) the material that the patient brings in, and (3) the reactions of the patient to the analyst as a person.

I have indicated that there always remain unanalysed and unintegrated facets of the instincts and of the defensive techniques, and that we can expect only that these be susceptible of further analysis and integration. This will by and large suffice to obviate or, sometimes, to resolve the type of general transference reaction to patients which I have described. But at the same time we know that the patient's productions, his defences, and his transferences are continuously impinging on the unconscious and the defensive system of the analyst. In so far as the analytic material and the transference of the patient do not open up unanalysed territory in the analyst, the analysis proceeds according to the art. But when the analysis touches on unresolved problems in the analyst, then we can expect the same type of *emergency response* as we see in patients when they unexpectedly encounter something new in themselves. Again one is impressed that such a development is the inevitable consequence of the fact that analysis is interminable and that no person is finally and perfectly analysed. I think that this means that the analyst remains liable to need to resort to *emergency defence reactions* and that such reactions are at the centre of the analytic phenomenon which we call ' counter-transference '. The following experiences will illustrate the point:

Example 3

Some years ago I was analysing a schizoid patient. The analysis was progressing favourably when, at the end of about a year, the patient was faced with the prospect of making a public appearance in a capacity for which he was well qualified. Under these circumstances, with the deadline rapidly approaching, contrary to my usual practice, I actively encouraged the patient. The patient instead resorted to a piece of destructive acting out. I made an appointment with my former analyst to discuss the case. To my surprise I found myself talking not about my patient but about myself. The consultation turned into an analytic hour for me and I received no advice particular to the management of the case. Nevertheless, I returned to my office, handled my patient's problem satisfactorily and eventually conducted the analysis to a successful ending.

What I discovered was that certain narcissistic investments, which, under the particular circumstances of the patient's pending task, had become intensified, had produced an emergency defence in me against the deeper meaning of his phobic attitude. I had thus overlooked the passivity problem with its potentiality for panic which was implicit in his doubts and qualms. The defence had taken the form of benevolent interest and I had been aware only of satisfaction in the fact that a difficult case was going well and of the ' benign ' hope that the patient would succeed in making the particular grade he was approaching.

Example 4

At the beginning of an hour in a going analysis, a young male patient commented to me that I looked tired. I myself was not aware of fatigue. Towards the end of the hour which he had spent talking about his University activities, he requested a change in the time of his appointment two weeks hence, when he was scheduled to present a paper in a seminar. I responded that I would see what I could do about changing the time. He then retracted his request, giving as his reason that it would inconvenience me. I told him, however, that the request seemed valid and that I would see what change I could make in his appointment. He left my office looking preoccupied.

The next day he brought the following dream:

> He has an engagement with his mother but it seems to be incidental to a date which he has later with his mistress. He acts as if he were

indifferent to his mother and is hurried in disposing of the business with her.

The patient then spoke of how upset he felt after the previous hour. I told him that I had noticed it. Then he spoke about not writing home and about his childhood feeling that he was incidental to his mother's career interests. His further comments made it clear that he now ignored the existence of his parents as he had himself felt ignored. Then he referred to my 'insistence' on rearranging my programme for him, *even after he felt that he had detected some hesitancy on my part.*

At this point something recurred to me which I had until then forgotten: On the morning of the day of my patient's request, I had arrived earlier than usual at the hospital for the purpose of discussing cases with the residents. None of them was around and none appeared until I was about to leave with only a limited time in which to reach my office. They had been disappointed because I could not stay on to work with them. I myself had been irked by their lateness and had commented on it. But the matter had apparently slipped from my mind.

I shall not go into the personal ramifications of this episode. But it was clear to me that I had displaced my reaction in the hospital situation to my office and that my patient had detected my latent annoyance with him. I did the only thing I felt I could do: I brought the episode into the open and admitted the irritation which I recognized I had produced, without awareness, against him. It developed, however, that what had affected him most was that he had correctly observed my compensatory attitude. This had impressed him as a concern for something in myself rather than for him. That this was more important than my apparent annoyance with him was shown when he told me that his mother had often said that she was doing something for his good when the fact was that it was something in which she had a personal stake.

V

There is no need to dwell on those counter-transferences that are phenomenologically similar to the emergency defences of patients. Symptomatic reactions speak for themselves and lead the analyst to try to discover and to analyse their meaning in his part of the analytic situation. Furthermore, the analyst is pretty much aware of his immediate emotional reactions to the overt transference manifestations of the patient, is likely to have fairly adequate access to their deeper sources, and is able to resolve them in his stride before they become interfering factors in the analytic situation. But instances such as those I have just described present more difficult problems. They represent reactions of the analyst to presentations by the patient which touch upon vulnerable aspects of his surviving character defences. They are likely to be masked by various rationalizations surrounding apparently therapeutic purposes while in fact they have to do with unconscious contents and affects and the unconscious defences against them.

A counter-transference reaction, if the analyst is 'open' enough to analyse it, can be an integrative experience along the long road of interminable analysis. For such reactions seem to be defences against what the analyst discovers of himself in and through the patient. If this is a part of the analyst's deepest realization, both he and his patient are protected against the consequences of non-technical intrusions which are the end-result of an unrealized counter-transference. The real emotional acceptance of the patient by the analyst consists in his acceptance of his own unconscious community with the patient.

One must conclude that the analyst as a mere screen does not exist in life. He cannot deny his personality nor its operation in the analytic situation as a significant factor. He will appear as he is actually: in manner, speech and general spontaneity. And he will bring into the analytic situation those qualities which I outlined at the beginning. This is far from saying, however, that his personality is the chief instrument of the therapy which we call psycho-analysis. There is a great difference between the selection and playing of a role and the awareness of the fact that one has found one's self cast for a part. It is of primary importance for the analyst to conduct himself so that the analytic process proceeds on the basis of what the patient brings to it. Counter-transferences thus constitute an accidental casting of the analyst in an intrusive part in the psycho-analytic drama. Through the analysis of the counter-transference the analyst can reintegrate his position as an analyst and regain a position from which he can utilize the interfering factor for the purpose of analysing the patient's exploitation of it. In some instances this may mean a degree of self-revelation (by which I do not mean confession). But in a going analysis it may be found possible. In such a situation one can reveal as much of oneself as is needed to foster and support the patient's discovery of the reality of the actual interpersonal situation as contrasted with the transference—counter-transference situation.

As an example of this I can again cite the young student who reacted so sensitively to the intrusion of my own narcissism into his analysis (Example 4). In subsequent hours much came out about his present status and his early life which demonstrated the central role played by his great wish for unlimited devotion. I think it might not have been possible for me to develop the analysis of this important theme had I not become aware of how my own reaction to a narcissistic injury had eventuated in a transference injury to him. And I think that my acknowledgement of his ' recognition ' of me was of assistance to him in the realization of the extent of his own narcissistic problem.

In the light of this discussion it can be said that the sustaining psychotherapeutic factor in the conduct of an analysis, the real ego support that the patients need, resides in the actuality of the analyst's own reality-testing attitudes. On his steady and predictable effort to maintain this capacity depends the analyst's function.

VI

It is not only the analyst's capacity to discover himself which is important, however. An analysis can come to an impasse because the analyst does not realize, or misunderstands, or avoids the issue of a patient's discovery of him as a person (11). The following clinical instance will demonstrate this:

Example 5

A competent young analyst had been conducting satisfactorily the analysis of a difficult case for over a year. Then, for external reasons, the supervision of the case was interrupted for an extended period. When consultations were resumed, it became obvious that the patient had not been making progress for some time. There had been a regression to earlier modes of defence; the material seemed chaotic; the contact with the analyst was attenuated.

Interspersed were dreams which repeatedly made reference to the activities of the analyst and dreams in which the theme of contact with the analyst recurred. Thus, in one dream, through the rear-view mirror in his car the patient saw the analyst drive up behind him at a filling station. The patient backed his car gently into the analyst's car. In another dream the patient tried to throw balls of fluff at the analyst but could not give them enough impetus to reach him. Throughout there was the implication that the analyst was ' busy with other things '. Finally, the patient presented a dream in which a figure representing the analyst was stalking him but indifferent to him. During the subsequent consultation the analyst made a slip of the tongue. In beginning the report of an analytic session, he said, speaking of the patient: ' His dream *for to-day* was . . .' Then the situation became clear.

Inquiry about this reference to a dream as if it were an assigned task revealed that the analyst had been asked to present the patient's dreams at a research seminar on a special problem. He had devoted himself assiduously to the assignment with the consequence that, while apparently studying the patient, he had become withdrawn from the patient himself. The patient had reacted accordingly.

The resolution of such a transference—counter-transference jam depends on the capacity of the analyst to become aware of his own part in the analytic situation. But the problem still remains, how to cope with the patient's part in such a situation. It would seem that here again the analyst may reveal as much of himself as is needed to foster and support the patient's testing of reality. In so doing the guiding questions are: What and how does the patient need to know in order to correct an illusion or to validate a real insight? How much will be useful to the patient and how much will be the burden imposed on him? One does not ask the patient to share one's own problems. But one does make use of what has palpably intruded into the analytic situation without begging the issue. And of course the patient's reaction to such revelations as need to be made to him must be analysed.

In the case just described, the analyst discussed with the patient the latter's valid feeling that for some time he had been preoccupied with other matters than his analytic work and that this preoccupation had interfered with the proper conduct of the analysis and thus adventitiously affected the patient. The analysis then returned to its previous course.

But there is one position which the analyst must be able to sustain without doubt: no matter what he himself brings into the analytic situation which may represent the incompleteness of his own integration *at the moment*, nevertheless he is on the side of the presumption that the patient is there to be analysed and helped towards *his* integration. Providing that he deals with it analytically in himself and in the analysis of his patient, whatever the analyst adventitiously brings into the analytic situation is subsidiary to the patient's reasons for being in it.

There may be situations in which the analyst might indeed be glad to settle with the patient

for the partial truth which the latter has guessed about him, just as the patient on his side may be content to make a similar settlement. Yet when such an issue is joined, the analyst must be prepared either to go through with an analysis of the total analytic situation, including his side of the analytic equation, or to give up his part in the analysis.

VII

Another aspect of the problem of the relationship of the patient's transferences to the emotional position of the analyst may now be considered. An unmanageably intense transference neurosis is likely to be heralded in the patient's first dreams by the appearance in them of the analyst as himself. Such dreams are indicative of the actual recurrence in the analytic situation of an emotional situation which is too nearly like that which characterized an original relationship,[2] and the analyst needs to be certain that it is not his own attitude towards the patient which is producing the reaction.

Example 6

The following clinical instance was related to me by a colleague: A student had begun the analysis of a young woman who for many weeks spoke very little and was often entirely silent. There were no dreams and the analysis was at an impasse. Then the patient saw an announcement in the newspaper of a lecture which the student analyst was to give. She reacted to this with the following dream:

> She was in bed with the analyst; she takes his hands and places them on her breasts against his will; she has a strong sexual reaction.

In association to this dream the patient told her analyst how proud she was of him because of his prominence; she used to write her father's speeches for him because of his difficulties with a new language; she is anxious about the analyst's performance and plans to attend the lecture to wish him well; finally she confesses that during the weeks of blocking and silence she had been immersed in sexual preoccupations about the analyst.

In talking about this material the young analyst revealed that he had decided not to have his work with this patient supervised. This was one case he was going to do himself! He had begun the analysis in the context of his own transference rage because it had become necessary for him to give up an acting-out sexual relationship which was interfering with the analysis of his œdipal problem. In this same context he had had the following dream:

> He is in bed with the patient; he puts his hand on her pubis; he feels that he is looking for something but is aware only of hair and moisture.

In his associations to this dream he speaks of flirting with a girl in his office building *en route* to the analytic hour with this patient and of his anger at his analyst.

This necessarily highly condensed account nevertheless clearly demonstrates the sensitiveness of patients to the emotional climate of the analytic situation as regards the analyst's contribution to it. It is clear that the student had continued his acting out under the cloak of the analysis which he had undertaken with this patient and that this had made the transference ' too real '.

It is often necessary to refer such patients to another analyst at once. This was true in the clinical instance just cited and in Example 1 and 2.

On the other hand, an acute transference reaction to a counter-transference occurring during the later course of a well-established analysis can be capitalized on in the interest of the patient if both sides of the equation are analysed. Witness Example 4 and 5. In such situations the patient's dream in which the analyst appears as himself may be the index to the role which the analyst is playing through a counter-transference. And of course the dreams of the analyst which include the patient as a person deserve the analyst's scrutiny for evidences of his counter-transference position. In the first instance it is the patient who has discovered the situation. In the second instance the analyst has warned himself.

Finally, experience with students shows that one of the more common sources of counter-transference difficulties is to be found in the pregenital narcissistic and instinctual manifestations of the patient. It is because of the difficulties involved in the treatment of pregenital problems that ' active techniques ' have gained their recent vogue as a means of attempting to deal with the transferences of such patients. These techniques may at times constitute a rationally chosen and valid palliative psychotherapy. However, the assumption of roles and the choice of therapeutic attitudes by the therapist in the treatment of such cases, while they may be described as techniques, often come close to representing transferences and counter-transferences. This is particularly true where activity in the form of intervention is

[2] Personal communication from Dr. Lionel Blitzsten, Chicago.

concerned. Influencing actual decisions and life situations may seem desirable at times, but we must remember that it may also constitute '*acting out in the counter-transference*'. Such intervention may have at least as much to do with the analyst's therapeutic ambitions and his personal outlooks on life as it has to do with the dynamic and economic problems of the patient. Whenever the analyst feels impelled to do something 'active', it would seem advisable for him to ask himself where he himself stands in the situation.

VIII

Counter-transferences, like transferences, are dynamic and economic phenomena. They exist as facts of any analysis. They are a part of the dynamic and economic problem in every analysis. The analyst must deal with them in himself and, together with his patient, he must deal with them when they intrude into the analytic situation. They are not subject to manipulation and wilful control. To the extent to which the analyst is himself open to their analysis and integration, he is in a real sense a vital participant in the analysis with the patient. It is this which constitutes the analyst's real contact with the patient and which lets the patient feel that he is not alone.[3]

(Received June 1, 1951)

REFERENCES

(1) Freud, Sigmund (1910). 'The Future Prospects of Psycho-Analytic Therapy', *Collected Papers*, Vol. II, London, Hogarth Press, 1933.

(2) Stern, Adolph (1945). 'Psychoanalytic Therapy in Borderline Neuroses', *Psychoanalytic Quart.*, **14.**

(3) Fromm-Reichmann, Frieda (1948). 'Notes on the Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy', Psychiatry, **11.**

(4) Balint, Alice and Michael (1939). 'On Transference and Counter-Transference', *Int. J. Psycho-Anal.*, **20.**

(5) Heimann, Paula (1950). 'On Counter-Transference', *Int. J. Psycho-Anal.*, **31.**

(6) Fliess, Robert (1942). 'The Metapsychology of the Analyst', *Psychoanalytic Quart.*, **11.**

(7) Winnicott, D. W. (1949). 'Hate in the Counter-Transference', *Int. J. Psycho-Anal.*, **30.**

(8) Reich, Annie (1951). 'On Counter-Transference', *Int. J. Psycho-Anal.*, **32.**

(9) Berman, Leo (1949). 'Countertransferences and Attitudes of the Analyst in the Therapeutic Process', *Psychiatry*, **12.**

(10) Weiss, Edoardo. *Some Considerations of the Concept of Countertransference and the Therapeutic Implications Involved.* Unpublished paper read before the Chicago Psychoanalytic Society, March 22, 1949.

(11) Benedek, Therese. *On the Dynamics of the Countertransference.* Unpublished paper read before the Chicago Psychoanalytic Society, March 22, 1949.

(12) Glover, Edward (1928). 'Counter-Transference and Resistance.' The Technique of Psycho-Analysis (Chapter IV). *Int. J. Psycho-Anal.*, Supplement No. 3.

(13) Freud, Sigmund (1937). 'Analysis Terminable and Interminable', *Int. J. Psycho-Anal.*, **18.**

(14) Little, Margaret (1951). 'Counter-Transference and the Patient's Response to it', *Int. J. Psycho-Anal.*, **32.**

[3] Since the completion of the revision of this paper for publication, Margaret Little's sensitive observations on the response of patients to the counter-transferences of their analysts have appeared (14). The material presented here seems to supplement her views. With these views the present writer is in accord.

PROBLEMS IN PSYCHO-ANALYTIC RESEARCH[1]

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It is difficult to consider appropriate goals and methods for psycho-analytic research until one has a clear idea of why we place so much value on research, and what we hope to gain from it. Psycho-analysis contains a theory of *motivation*, and it is primarily a *genetic* theory. I propose to apply these two principles to the question of why we devote energy to psycho-analytic research before considering some of the difficulties in *how* such research is to be conducted.

Freud's work, and that of his associates, was of course research, though it did not require the investigator to take any steps which he would not have taken as part and parcel of his clinical work with patients. Later on I shall return to some discussion of psycho-analytic practice as a research tool, but for the moment I wish to think about the changes which have occurred during roughly the last ten years which may have to do with the sudden increase of research enterprises related to psycho-analysis. Two trends among many seem especially relevant.

(1) In the course of the last decade, and especially since the last war, psycho-analysis gained in influence not only within the psychiatric profession but upon the public at large. Much more energetic attempts, therefore, were made to apply the content of psycho-analytic knowledge to life situations outside psycho-analytic treatment. To put it naïvely, educators, pediatricians, sociologists and anthropologists, surgeons and criminologists all had reason to believe that if psycho-analytic theory was correct, this had important implications for their own work. If psycho-analytic understanding of infantile sexuality, for instance, is universally true, then, it is thought, it follows that such and such is the best way to rear children, to run an army, to collect anthropological data, etc. The logic of some of these inferences may be open to question, but the fact is that the implications of psycho-analytic understanding for all aspects of human behaviour were widely recognized.

(2) The second significant trend, in the context of this discussion, is the increasing emphasis on psycho-analytic ego-psychology. The work I have in mind does not tend to depreciate the importance of what has been learned about unconscious determinants and mechanisms, but rather supplements and expands depth psychology. This direction of investigation has served among other things to make psycho-analytic thinking more concrete, and has led to the application of psycho-analytic understanding to personality *differences* rather than communalities. This latter point, I believe, has significance for research and should be stated more clearly. Although I do not remember that Freud ever stated this explicitly, the basic psycho-analytic discovery was that however much we differ on the surface, at bottom we are pretty much alike. We all have instincts with the same goals, even if these differ in strength. The basic conflict constellations occur in all of us, however differently we may cope with the œdipal situation. The opposition between id and superego forces characterizes all of us through life, however different the resultant ego organization. The early exciting phase of psycho-analytic development consisted of intensive clinical research to demonstrate that these basic determinants can be discovered to exist in each and everyone.

It is tempting to speculate about this pattern of events and similar ones in the other sciences. A good case can be made out to show that radically new discoveries usually consist of a kind of unification of phenomena, the finding of underlying principles or broader concepts which establish previously unrecognized communalities, for instance, radiation, quantum theory, or the recent work in genetics. Subsequently, effort seems to go into

[1] This material was presented to the Department of Psychiatry, Yale University Medical School in March, 1951. A greatly condensed version was read at the meetings of the American Psychological Association, September, 1950, at State College, Pennsylvania.

refinement which permits the expression of all possible diversities; a step technically referred to as establishing the limiting conditions. It is my guess that psycho-analytic research is about to enter this later phase of scientific investigation.[2]

One way of describing a part of what has happened, then, is to say that whereas psycho-analysis was an isolated branch of the sciences it has changed in its social and cultural status so that at present it is confronted by the same demands that our society makes of other sciences. There is a demand that psycho-analytic knowledge be put to technological practical uses.

It is my impression that the pressure for more intensive and deliberate research in psycho-analytic psychiatry stems mainly from two sources. The one has just been referred to, and has to do with immediate application in social action.

If a critical attitude is discernible in my description of this effort, it is because I feel that too often such research is based upon an assumption which I regard as untenable, namely, that human action can be understood, harnessed and manipulated at will, as is the case with many of the physical forces. It is as if, once psychological theory has been fully validated, smoothly functioning healthy personalities could be produced by their mentally hygienic environments and then go about the business of living in an orderly and predictable fashion. I feel some scepticism towards psychiatric research which exists and enjoys status *solely* because it promises ready applicability. It goes without saying that such an attitude can and does exist side by side with the conviction that individually and collectively our actions have to be guided by what we know, and—other things being equal—the more we know the more responsibly can we act.

The second source of impetus for research grows out of psycho-analytic work itself and has to do with the organic growth of theory. The recent emphasis on ego psychology is one manifestation of such growth; it is also an important step determining the direction which future research is likely to take. It is some of the problems in this kind of research I should like to discuss here: the kind that seeks to validate hypotheses, to clarify relationship among various psycho-analytic statements that have not yet been integrated and to apply psycho-analytic modes of thinking to areas that have not yet been so investigated. It may turn out that this is not so esoteric an approach as it may seem, and that ultimate benefits for a more harmonious self-regulation of society may depend upon the patience and ingenuity with which we pursue the implications of our observations and theories. Only thus can slow and steady growth take place, growth of the kind physics enjoyed for centuries before anyone thought of atoms, much less of splitting them (to mention a really constructive accomplishment of science !).

Occasionally we talk as though all psycho-analysis were as yet in the stage of hypothesis formation, and often experiments are devised to ' prove ' the existence of the unconscious, or of repression and the like. In this discussion it will be assumed that the observations demonstrating the existence of phenomena which in psycho-analysis are described as the operations of the unconscious, the existence of instinctual strivings, and the mechanisms of defence have been reported so many times, under the only conditions under which they can become manifest, as to have been established as scientific facts. The nature of the interrelationships among these phenomena and their determinants, however, have not been established with equal clarity. Once more, and for the ' last time ', I ask your indulgence for a digression into the history of psycho-analytic thinking, because it appears that this has important consequences for current and future research.

Psycho-analytic conceptions of the lawfulness of psychological events arose from clinical observation. They were—and still are—verified by the same method. If clinical observation leads to a hypothesis, and then additional clinical material becomes available which cannot adequately be accounted for by this hypothesis, then the hypothesis is abandoned, or modified in such a way as to fit the new material. The history of the changes in Freud's thinking about the significance of infantile traumata for the genesis of hysteria exemplifies the method with special clarity. Encountering hysterical psychoneurotic patients who had not been exposed to actual traumata of the kind stipulated in the original hypothesis, it became necessary to assume that phantasied events can have a pathogenic role similar to that played by actual ones. This is a perfectly sound method of validation, and one which can be fruitfully applied in much psycho-analytic research that

[2] With reference to psycho-analysis this point was made by Ernst Kris in a paper on ' The Nature of Psycho-Analytic Propositions and their Validation ', in *Freedom and Experience*, Cornell Univ. Press, 1947.

remains to be done. It is, however, insufficient. It is insufficient because of the fact that a variety of quite different theoretical formulations can adequately account for the same set of observations. For instance, the same body of clinical material can be adequately understood if a death instinct is postulated and if it is not. If all we aspired to do were to develop a plausible and consistent conceptualization of psychological events that have already happened, then we should be in a fortunate position indeed. We could choose the most parsimonious, or the æsthetically most pleasing, among the alternate hypotheses. The question of which formulation is more nearly correct would be of no consequence.

The fact is, however, that a mere explanation of that which has happened does not serve our purpose. Even within psycho-analysis there appear to be many surprises. Some analyses fail in their purpose, many succeed to only a limited degree. Often the analyst himself does not know either why he succeeds or why he fails. If he has convictions about it they are difficult to confirm, for no two patients are sufficiently alike to make comparison convincing. The analyst, or any therapist, uses his theory as a basis for prediction. If the therapist chooses to maintain one attitude rather than another, if he makes an interpretation or decides not to, in fact any therapeutic measure is carried out with the expectation that it will bring about certain changes. For example, he may choose to interpret a transference manifestation at a given time with the anticipation—in reality on the basis of the prediction—that it will permit the patient to explore a new aspect of his experience, or will clear the atmosphere for freer communication. If the therapeutic measure works as predicted this constitutes some confirmation of the hypothesis upon which it was based. If the patient fails to respond as predicted, this rarely leads the therapist to question the underlying hypothesis. More often he will turn to another hypothesis which can explain what did happen. From the point of view of psychotherapy research, it is unfortunate that the therapist will often be correct in so doing. The matter of prediction as a method of validating theory is crucial in all psychological research, and more than commonly confusing in psycho-analytic research.

Before coming to this central problem in a concrete fashion, attention is called to another reason which compels us to validate theory beyond the point of mere workability. As Cantril has emphasized in a recent group of articles in *Science*,[3] scientific effort is always directed towards *understanding* the phenomena that interest us, not just controlling and manipulating them. As soon as a new body of knowledge develops, strong forces are at work to integrate it with all that is already known. In my own thinking, I do not find it necessary to adopt the position of the logical positivists who maintain that ultimately there can only be one science which embraces all manifestations of nature; yet one cannot feel at ease with dynamic formulations that are incompatible with principles well established in related fields such as, for instance, learning theory. It would even disturb us greatly if we were to find that the kinds of concepts or the kind of lawfulness that are valid for the physical sciences were completely at odds with our comprehension of psychological lawfulness. An important distinction between this scientific age and earlier periods of history is that we must conceive of *one* universe of which our every experience forms a part, and which is an organic whole. All else is metaphysics and, as far as I can see, has no place in any scientific frame of reference. It is probably for this reason that researchers are so fond of mathematics; it provides a set of neutral concepts capable of binding together the most diverse phenomena. Psycho-analysis is as yet isolated from the general body of scientific thought. So long as this is true we shall continue to work towards an integration not necessarily in the sense of meeting the criteria of validity developed by the other sciences, nor necessarily to correct them in the light of our superior insight, but in the form of joint efforts to find a theory which can encompass all relevant events in nature.

There is no longer any way of avoiding the question how one might go about the process of transforming hypotheses and hunches into tested knowledge. Our notions of how an idea becomes a fact derive almost exclusively from the physical sciences. Textbooks refer to three criteria, some or all of which must be met if a phenomenon is to be accepted as a fact, and if a hypothesis is to be accepted as a law. They are, of course, repeatability, predictability, and manipulation. Repeatability

[3] H. Cantril *et al.*, 'Psychology and Scientific Research', *Science*, 4, 11, 18, November, 1950.

refers to a state of affairs where the same event will occur invariably under the same conditions. Every time you or I release our hold upon a stone in mid-air it will fall down. Predictability is equally self-evident; if I can tell you in advance that under such and such conditions so-and-so must happen, and then the conditions occur and the predicted event occurs also, then the criterion has been met. Manipulation extends this to say that if you will let me control these and those variables I can make so-and-so happen, even if the so-and-so is entirely unprecedented since the variables have never before been arranged in this particular way. It is seldom mentioned that these three criteria refer to the identical principle; the difference lies in the degree of control one happens to exercise over the variables, but the principle is that of prediction. It is easy to say what you must show you can do to validate a theory; the trick is in the doing. The natural sciences have perfected a classical model for the doing of it—the experiment. It has proved adequate to the task in almost all scientific inquiry up till now ; the main content of what I want to say here is that the classical experiment may not be adequate to the task of validating psycho-analytic theory. Not primarily because we lack the technical means of setting up good experiments, but because of the kind of theory psycho-analysis is.

Experiments as we now know them are suited to demonstrate the lawful relationship between two and only two variables. It is understood that each and every event in nature is simultaneously determined by a multiplicity of variables or influences, but the final event is understood as a resultant of all the factors at work, each of which can be expressed as a relationship between two factors, and each of them at work can be added to all others at work in order to predict the actuality. That is, a phenomenon x is understood as the combined result of factors a, b, c and d. However, an experiment is designed only to demonstrate the lawful relationship between a and x, or b and x, etc.; all other factors or variables are held constant or ruled out. Since, in the experimental situation, one factor alone is allowed to vary, any change in the phenomenon under study is conclusively proved to be the result of that one factor. With perhaps the exception of the most recent work, theory in the natural sciences conceives the lawfulness of the universe in terms of a large number of relationships between two factors. Clearly, the classical experiment cannot be improved upon as a method of validating theory of this description.

In psychology vigorous attempts are made to develop theory which will also express the lawfulness of events in terms of relationships between two variables. Whether this came about partly because it would be convenient to have a theory that we know how to validate, or whether the phenomena chosen for study were the kind that lend themselves to this approach, is hard to know. At any rate, psycho-analytic theory is among the exceptions. As it stands it does not conform to the pattern set by nineteenth-century science. Most psycho-analytic postulates cannot be expressed in terms of the relationship between two factors, though many of their derivatives can. It is an open question whether this state of affairs reflects the relative immaturity of psycho-analysis as a theoretical system. Many think that our concepts, if more clearly defined and elaborated, can be made to express the content of psycho-analytic theory in the classical form. Much recent psychological work, notably that of Mowrer, Dollard, and Miller, is aimed towards such a goal. It is too soon to know the answer; at present I lean towards the minority view, which is that the very nature of psycho-analytic thinking precludes causal relationships of the two-variable type. As a matter of fact I believe it possible that among the most important contributions of psycho-analysis to psychological theory will be the departure from that model of thought.

Whatever the truth of the matter may be, if I am correct in asserting that psycho-analysis at this time expresses causal relationships, or more adequately, determining conditions, in ways *not* reducible to relationships between two factors, then it follows that an experiment of classical design cannot either confirm or disprove the validity of fundamental psycho-analytic statements. An example to clarify the point may be in order. One psycho-analytic postulate essential to the theory of infantile sexuality is that infants are characterized by a need for oral gratification which normally takes the form of sucking and is intimately intertwined with the satisfaction of hunger and with the earliest phases of the mother-child relationship. It is assumed that the need for oral pleasure is of biological origin and exists side by side with the need for food. Anna Freud [4] put it most simply and clearly by

[4] 'Infantile Feeding Disturbances', *The Psychoanalytic Study of the Child*, **2**, 1946.

saying: 'In the oral phase of libido development, oral pleasure, though originally discovered in conjunction with feeding, is sought and reproduced independently of the feeding situation. . . .'' An alternate view, expressed forcefully by R. Sears,[5] for instance, is that pleasure in sucking is a learned or acquired drive, not the manifestation of instincts. Dr. Sears considered that the hypothesis in question can be tested by the experimental method. While he could not manipulate the variables in question, he could utilize an experiment of nature. Discovering a population of children who had been cup-fed from birth, he reasoned that since their instinct for sucking was not gratified at all, the psycho-analytic contention would be that these children should tend to suck their thumbs or other available objects most, and that they should manifest frustration in the form of feeding disturbances and possibly speech disturbances—that is within the oral sphere. The same thought was applied to a comparison of children who were weaned early with others who were weaned late. In behalf of psycho-analysis he reasoned that those weaned late, having obtained more instinctual gratification, should show less disturbance at the time of weaning, should show fewer feeding disturbances, and suck their thumbs less. A comparison of such groups of children failed to reveal differences in this direction. Those findings, he felt, invalidated the psycho-analytic postulate and demonstrated that the desire to suck is learned. Of course he could not meet the conditions of a pure experiment, in that other factors which are also likely to influence sucking and eating could not be controlled. His assumption was that among groups of children these other influences would even out, or cancel each other, so that any important relationship existing between later oral behaviour in a broad sense and gratification of oral needs early in life should come out at least as a trend. I consider this experiment a highly interesting contribution to factual knowledge about possible relationships between methods of feeding and some behaviour trends, but I also consider that the results have no bearing upon the concept of orality. What has happened, I think, is that in order to formulate a hypothesis in the usual form, it was necessary to change its original content. It would lead too far to trace this in all its particulars, but the following few items may indicate what is meant. If a mode of behaviour requires activation in experience, such as food-intake by sucking, it may still be a biological need; what is innate is not a specific form of behaviour (this has been shown erroneous even for lower animals—Schneirla[6]), but the potentiality for certain experiences to provide necessary gratifications. If there is an instinctual need for sucking, and sucking is not experienced, we would then deal with *deprivation* rather than with frustration of a need; a possibility Sears neglects. Similarly, a biologically based need may have its own course of development; gratification may lead to intensification of the need until it reaches its maximal point. Therefore it is not a necessary implication of the psycho-analytic postulate that early weaning should lead to more severe disturbance at the time it occurs than does late weaning. It is not necessary to assume that there is a total of so much sucking which the infant has to get in, and the less of the total amount he obtains the more frustrated he will be. Rather, the more intense his satisfaction, the stronger may be the frustration experience. It is also a questionable assumption that cup-feeding precludes stimulating and gratifying sensations in the mucous membranes similar to those encountered in sucking. Having observed some infants suck at the rim of a cup I have marvelled at their ability to do so. Also, the psycho-analytic postulate has meaning only in relation to certain others, e.g. that the intensity of libidinal component impulses varies among individuals on a constitutional basis (so that what is satisfaction for one may be frustration for another). In addition, oral gratifications derive their importance in large measure from the meaning they assume in the gradually evolving mother-child relationship. It would be in outright contradiction to our postulate, if children who obtained much sucking experience on the hands or the breasts of an unwilling and unhappy mother were to show fewer feeding disturbances than children cup- or bottle-fed by a mother who made the eating situation pleasurable and comforting. Food still goes down through the mouth, and heaven only knows what would happen to the libidinal development of children fed only intravenously. What I am trying to say is that

[5] Sears, Robert R. (1950). 'Relation of Cup Feeding in Infancy to Thumb Sucking and the Oral Drive', *Amer. J. Orthopsychiatry*, **20.**

[6] 'A Consideration of Some Problems in the Ontogeny of Family Life and Social Adjustment in Various Infrahuman Animals', Josiah Macy Conference, 1950.

a psycho-analytic statement such as the one on oral needs necessarily loses its original meaning unless it is considered in the context of many other psycho-analytic statements.

This characteristic gives psychodynamic theory its special adequacy in dealing with phenomena so variable that before psycho-analysis existed they did not seem to be amenable to systematic treatment at all. At the same time it constitutes a theoretical hazard which has important implications for the type of research that can be done. It is true of any consistent theory, of course, that each concept depends for its meaning upon many other concepts. In psycho-analysis repression, for instance, cannot be thought of independently of the unconscious, or of instinctual strivings with specific yet displaceable aims, nor can we comprehend it without the concept of anxiety. The difficulty lies in the fact that these various concepts are of different orders. Anxiety is a descriptive term for a large variety of phenomena; it is often considered as an affect, it is also used as a quantity of which a person is said to have more or less, yet it is rarely if ever thought of as a substance. Repression is an operation, but an operation performed by psychic instances which are by definition not directly observable; they are inferred from their effects. The unconscious is in a sense a part of the mental apparatus, though topographically it pervades the id and the superego and is hence not a structural concept. At times it is used as though it were a sort of container for processes, yet the concept can be used to denote certain aspects of psychic experience without thinking of it as a thing lodged somehow within us. Since psycho-analysis consists of concepts of varying orders, these concepts have extraordinarily complex interrelationships. To mention just a few, these include overlapping, part-whole relationships, complementary and supplementary relationships, as well as circular and mutually dependent opposite concepts. It is not surprising, therefore, that the more truly psycho-analytic a research study is, the more does it lack the methodological refinements and the theoretical rigour upon which the natural sciences have taught us to insist.

Before we finally turn to a discussion of ways in which these methodological problems may eventually be solved, one more intrinsic difficulty in the validation of psycho-analytic theory must be mentioned. It has to do with the relationship between the concepts and the concrete observable reality to which they refer. It is now agreed among most scientists that it is not necessary for each concept to have an operational definition, but it is agreed that each concept must have a clear-cut relationship to one or several subordinated concepts which in turn can be related to concrete observable events. The correctness or incorrectness of a hypothesis can be established only if concrete events can be shown to occur or not to occur in accordance with the hypothesis in question. Yet the very nature of psycho-analytic theory implies that altogether different kinds of overt behaviour may refer to the same psychological factor. Similarly, the identical overt behaviour may be the manifestation of totally different psychological states in different persons or in the same persons at different times. The principle of over-determination, to add to our troubles, asserts that one and the same behaviour at one and the same time may be the overt expression of different phases of underlying psychological processes. It is possible to kiss a person and be simultaneously aggressive and loving in the act, yet a kiss can be almost purely loving or almost wholly aggressive.

Suppose one wished to investigate the psycho-analytic idea that, at about the ages of three and four, little boys characteristically experience hostile and aggressive feelings towards their parents and more specifically their fathers, and that these hostile feelings are based on the wish to possess the mother and replace the father in the family constellation. Suppose also that you create an experimental situation which would activate the child's feeling towards his parents. For instance, the father might exert his authority by sending the child off to his own room when the child wants to remain with the parents. If, to substantiate the core of the œdipal hypothesis, the child were required to display frank anger against his father, or frank possessiveness towards his mother, things would be reasonably simple. However, no one would seriously believe that œdipal conflicts are at work only when the child obligingly acts out both his wish and his anger at the obstacle to wish-fulfilment. Instead, we assume that the child tends to defend himself against becoming aware of—or openly reflecting—aggression because it engenders anxiety. Thus, if the child gives daddy a good-night hug and insists that he, rather than mummy, tuck him in, this behaviour may also confirm our original

hypothesis. His desire to have the father put him to bed rather than the mother could be the result of a fearful state, i.e. as long as the father is with him the little boy can be sure the father is not doing anything to harm him. On the other hand, or also simultaneously, it may be an act of aggression towards the father in that it separates him from the mother for the time being. Or yet again, it may be because the little boy fears that if mother puts him to bed her seductive powers will prove too much for him; he will then express his possessive love for the mother and try to take his father's place, and the omniscient father will punish him for it. The example could be spun out indefinitely, and it is safe to say that there is nothing our little experimental subject could possibly do, from withdrawal, to sudden intense interest in phantasy play, to asking for a cake, that cannot be regarded in the light of the assumption that he is reacting to an œdipal conflict situation. This being so, it is self-evident that nothing the little boy can do will confirm the original hypothesis, since the hypothesis would still be applicable if he had done the opposite instead.

At this point it must appear as though what I have said amounted to this. Psycho-analytic theory is greatly in need of validation, yet it is the kind of theory incapable of validation by available methods, so we might just as well reconcile ourselves to its not being a scientific discipline. This is not my view at all. What I do think is that the intrinsic characteristics of psychological phenomena are such as to require formulations of lawfulness which differ from those to which we are accustomed, and which require different methods of validation from those now known to us. I take some comfort from the notion that the latest developments in physics appear to imply similar changes in thinking, although it must be acknowledged that this notion is based on a feeling I get when reading, since I lack real comprehension in that field.

By this time I owe you some indication of the methods that I consider appropriate for the validation of psycho-analytical theory. It must be confessed that my thinking in this area is extremely tentative. What is to follow should be regarded as an indication of ways of thinking that may hold some promise, yet I am well aware of the fact that these notions have not yet proved their usefulness and with further experience they may have to be discarded.

At present, I can see three different avenues of approach, each of them leading part of the way towards the goal of validating psycho-analysis. None of them, nor even all three in combination, are fully adequate to the task.

The first is the further systematic exploration and confirmation of our theory using the psycho-analytic method itself. John Benjamin [7] and Ernst Kris [8] have recently called attention to the potentialities of psycho-analytic treatment as a research tool. Earlier it has been said that if a psychotherapeutic measure—in practice this will always be a series of measures—which is the application of a psycho-analytic postulate effects the intended change, this gives strong empirical support to the postulate. Ordinarily even theoretically-minded analysts fail to specify in advance the theoretical principles which underlie their therapeutic measures. Ordinarily they fail to make specific predictions, and hence neither psychotherapeutic successes nor psychotherapeutic failures yield the increase in systematic understanding which they are capable of providing. I am aware of the fact that there are good reasons why, in the case of analytic work, theoretical scrutiny is more likely to follow the events than to precede them. However, years of listening to research-minded analysts, and some participation in research projects of this type, have convinced me that it is possible to apply systematic thinking including predictions to work in progress without sacrifice of the spontaneity and special variety of attentiveness demanded of the therapist.

It is important to realize, however, that even the most successful predictions can do no more than lend strong support to a hypothesis; they cannot prove the truth of an assumption. This is because prediction from one analytic hour to subsequent ones, or from analytic hours to behaviour in life situations, is not prediction in the same sense as when this term is used in reference to experimental work.[9] The crucial point about an experiment, the circum-

[7] Benjamin, John D. (1950). 'Methodological Validation and Elaboration of Psychoanalytic Personality Theory', *Amer. J. Orthopsychiatry*, **20.**

[8] Kris, Ernst (1950). 'Notes on the Development and on some Current Problems of Psychoanalytic Child Psychology', *Psycho-analytic Study of the Child*, **5.**

[9] The same applies to retroactive predictions, where reconstructions of life events, based upon psycho-analytic work, are subsequently confirmed.

stance which allows us to accept experimental results as conclusive, is that prediction there is made for a *controlled situation.* In the strict sense of the word a prediction is not a prediction but a part-prophecy if we do not know what situation it is that we are predicting for. For example, the law of gravity does not enable us to predict the speed at which an object will fall unless we know the weight of the object, the distance involved, and whether the fall is going to take place in a vacuum, in the air, or in some other medium. In clinical research we simply do not know what the relevant environmental influences are going to be at any future time, we do not know what is going to happen to the patient and what it is he will be reacting to at the time for which prediction is made. None the less good clinicians make correct predictions over and over again. This must be because some things within the person are such strong determining influences that they will become manifest under a great variety of environmental circumstances, and because important aspects of the environmental situation tend to remain the same or can be guessed with some accuracy. If our interest is in scientific validation, however, it must be recognized that failure to predict correctly does not prove the theory wrong; success in so doing does not prove it to be correct.

However, the advantages of using the psychoanalytic method for research purposes are most impressive. For one thing, the analytic session is almost the only condition under which many of the phenomena that form the core of the theory become manifest. Equally important, within the analytic situation techniques are available by which to overcome the uncertainties about the precise relationships between a psychological state within the person and the specific overt behaviour that expresses it. The kind of difficulty enumerated in connection with the little boy and his œdipus conflict is not insuperable if the analytic method is used. With the help of free associations, the exploration of dreams and other techniques it is usually possible to learn the psychological significance of a specific event, which is not the case when other methods of observation are used. The greatest immediate usefulness of research within the psycho-analytic method, as I see it, is its power to clarify many of the hypotheses that are as yet stated vaguely, to learn more about the relationships between various aspects of psychic functions, e.g. between processes within the id and in the ego (or perhaps this should be formulated to read processes between the id and the superego on the one hand and within the ego on the other hand) and to go about the task of finding more consistent ways of conceptualizing psycho-analytic knowledge that has already been developed.

The second kind of research which I believe to be useful in the process of making a science of psycho-analysis is even less able to establish the truth or falsity of psycho-analytic theory than when the psycho-analytic method is the research tool. Yet I believe that it can accomplish two important steps on the road leading to adequate validation. I refer to it as exploratory research (in contrast to validating research), and in order to describe it I will have to introduce a distinction which is rarely made, though it is by no means original with me. Any theory can usefully be described as consisting of a limited set of postulates or basic assumptions and an indefinite series of hypotheses, which are still theoretical formulations but are derived from the postulates. The theory can be used or accepted only if all the postulates are used and accepted, but the surrounding network of hypotheses can undergo considerable change without altering the theory as such. Postulates are more abstract and general, hypotheses are as it were an application of the more general principles expressed in the postulates. In psycho-analytic theory, the concept of the unconscious and of infantile sexuality would be included among the postulates. The hypotheses related to them would be specific propositions about such things as the mechanisms of defence, transference manifestations, the psychological meaning of dreams and of sleep, etc. Ordinarily, in the natural sciences, it is not the postulates that are verified by experiment but the hypotheses which necessarily derive from them. Earlier I indicated my belief that in psychological theory we cannot yet accomplish this, because our methods of validation are not adequate to the nature of the theory. There are things, however, that can be done in order to check the correctness of our hypotheses and to develop new ones. This is where exploratory research comes in. As I think of it, it is designed to provide an empirical check for existing psycho-analytic hypotheses, and to yield more and more specific hypotheses of a type that can more readily be tested. By that I mean that if such research collects facts in

an area to which psycho-analytic concepts refer, and the data are viewed in the light of psycho-analytic assumptions, then the way in which the observed phenomena pattern themselves can suggest new hypotheses which have the merit of arising from the data (as did the core of psycho-analytic theory). In other words I would include in the category of exploratory research all those studies which take a psycho-analytic idea, derive from it a concrete picture of the kinds of things that should be observable under circumstances to which the hypothesis refers, and then go ahead and see if the facts are compatible with the inferences drawn from the hypothesis. I mean to end this discussion with at least one example of each of these kinds of research; for the moment the kind of thinking I have in mind may be indicated by reference to the work done by Grinker and associates [10] with post-traumatic disorders during the last war, or the work that made children's play a useful diagnostic and treatment instrument, or the kind of research into psychosomatic problems that is exemplified by Mirsky's studies [11] of diabetes. The very least such studies can accomplish is to help us get rid of hypotheses that simply do not fit the facts—and a very useful service that is. More positively they can confirm hypotheses that are compatible with demonstrable phenomena, and at best they can yield and confirm new derivations from psycho-analytic postulates which not only enrich psycho-analytic theory but also illuminate phenomena which were not previously comprehended in a psycho-analytic manner.

The third research approach I have in mind uses the experimental method but not for the direct validation of psycho-analytic theory. It is the least developed among the research designs here discussed, and I do not know whether it can be made to work the way some of us envision it. It is perhaps for this reason that I find it difficult to describe this kind of research except by way of an example. For the purpose I shall use some experimental work in the field of perception which is being carried on at Topeka, and at the moment at Harvard, under the direction of Dr. George Klein.

On the general assumption that the perceptual apparatus is the means by which individuals recognize the world, respond to it and somehow come to terms with it, this group of investigators have explored individual differences in perceptual situations rather than the general laws of perception. Finding individual differences consistent, and encountering comparable kinds of differences among the same persons in laboratory situations involving various perceptual modalities, they were led to think about characteristics in perceptual functioning as determined by central aspects of personality organization. A psycho-analytic formulation would be to say that the perceptual apparatus is an important part of the ego, and that the individual characteristics of ego functioning are reflected not only in thought processes, in memory, in phantasy, in affective experience, etc., but in the specific ways in which incoming stimuli are selectively received and organized in order to make responses possible. If a person characteristically prefers certain defence mechanisms, if he is imaginative and sensitive, if he is rigid or especially vulnerable to anxiety, then these ego characteristics should be reflected in perceptual situations as well, and there be subject to measurement. Tentative results appear to show that such relationships do exist. Yet from the point of view of contributing to the validation of psycho-analytic theory, not much would result from establishing links between certain clinical facts which can be described psycho-analytically and certain perceptual behaviours. Interesting as it is to learn that hysterics and obsessive-compulsives perceive in consistently different ways, this correlational type of analysis would prove the existence of the perceptual differences, and whether or not one accepts their interpretation in terms of psycho-analytic concepts depends upon whether or not one accepts psycho-analytic theory. Doctor Klein has felt that theoretically it will be more promising to develop a systematic theory of perception based on psycho-analytic premises. If perceptual functioning is viewed as one facet, or 'level of emergence', of ego functioning, and if it is understood as a relatively autonomous sphere, then the laws of ego functioning will reveal themselves in this sphere as they do in the

[10] Grinker, R. R. and Spiegel, J. P. (1943). *War Neuroses in North Africa.* The Tunisian Campaign (January–May, 1943). New York: Josiah Macy, Jr. Foundation.

[11] Mirsky, I. Arthur (1948). 'Emotional Factors in the Patient with Diabetes Mellitus', *Bull. of the Menninger Clinic,* **12.**

sphere of learning or others. Without taking time to trace this line of thought to its conclusion, it can be stated that the hope is to accomplish two things. The first is to develop what might be called a psycho-analytically oriented theory of perception which can be properly validated since perceptual phenomena are amenable to experimental methods. The second is to establish a theoretical model of personality functioning which encompasses the interrelationships between the simultaneous processes which take place on biochemical, neurophysiological, unconscious and conscious psychological levels but are really the same event viewed through different lenses, so to speak. Such a model of personality functioning is psycho-analytic in that it is based on concepts such as ' ego ' and ' defence '. It differs from the direct experimental approach to psycho-analytic theory because it does not address itself to specific mechanisms of defence; instead, differences in perceptual functioning are independently studied in their ' defensive ' aspects within the realm of perception. It remains to be seen whether full integration with psycho-analytic theory can thus be achieved. In the meantime I believe this and many other studies are already demonstrating that generic psychological phenomena (from learning and perception to free play and motor behaviour) can be revitalized and understood in a more integrated manner if they are studied in the light of psycho-analytic personality theory. To the extent to which a psycho-analytic consideration of experimental work leads to the discovery of valid new relationships among phenomena, an indirect but definite contribution to the validation of psycho-analytic theory itself has been made.

Reversing the order of the categories, let me next mention an example for exploratory research. From among the very many such studies now in progress it is easiest for me to tell about a study of infant behaviour which has for some years been a major interest with a group of us at Topeka. It is entitled ' Early Phases of Personality Development ' and seeks to find out all that can be learned through direct observation and extensive interviewing about the behaviour and other characteristics of a group of infants below the age of eight months. Psycho-analytic theory contains, of course, a theory of normal personality development. It is clearly impossible to establish whether or not there is such a thing as an ' oral phase ' of development by observation of overt behaviour. It is possible, however, to learn a great deal about characteristic modes of reacting and functioning among babies in this age group, which would include not only what they do and how they do it, but also the circumstances which surround them—the single most important component of these being the kind of person the mother is and the kinds of contact she has with her baby. Surveying all this information in the light of the concept of orality, in its broadest sense, we should be able to see if the behaviour of young babies has distinct characteristics that can logically be subsumed under this concept. At the same time we ought to be able to find out which among the existing formulations are most useful in ordering the data; for instance can we better comprehend what we see if we use Erikson's idea [12] of an oral mode of behaviour which may characterize all spheres of functioning, in addition to recognizing the significance of the oral zone? If the concept of orality proves useful in application to the infant behaviour data, these data in turn may help to refine the concept, for instance it looks as though we might find, once we can thoroughly analyse the data, that mouth activities other than sucking from breast or bottle, follow a developmental pattern during the first seven months ranging from predominantly sucking (at the infant's own hand, or blanket or mother's blouse, or anything) through a variety of behaviours which include engulfing, exploring the inner surface of the mouth, licking, what mothers call ' chomping ', etc., etc., to biting motions even if teeth are absent. Such developmental sequences, when put together with parallel ones in other spheres of functioning, may refine and elaborate our present understanding of what happens during the oral stage of development.

It is not difficult to think of examples for research which uses the psycho-analytic method, though in most instances we shall find it supplemented by other methods. The hypnosis study which Drs. Gill and Brenman [13] have conducted for many years is an example, though it certainly uses observational and occasionally experimental methods as well. Dr. M. Wexler's

[12] Erikson, E. H. *Childhood and Society*. New York: W. W. Norton; London: Imago Publishing Co.

[13] For references see the paper by Brenman, Gill and Knight published in this issue.—Ed.

investigation of schizophrenia represents this type of research in pure culture.[14] In this project the treatment itself provides practically all the research data, yet prediction plays a large role, and new hypotheses, suggested by the data, are for ever tried out for fit, so to speak, against clinical material as it accumulates.

To summarize: An attempt has been made to apply the formal thinking which characterizes validating research in the physical sciences to psychological and especially psycho-analytic research problems. This led to the assertion that the experimental method, if the classical design is used, cannot at present accomplish rigorous validation of psychodynamic personality theory. This was thought to be true because experimental conditions of adequate control cannot be achieved, the variables relevant to psychological phenomena being too numerous, too difficult to manipulate, and only partially known. It was suggested as a possibility that psycho-analytic theory proposes a kind of lawfulness unlike that developed by nineteenth-century science, and characterized by the fact that the lawful relationships it postulates cannot be reduced to, or expressed in the form of, a systematic relationship between only two variables. If this were so, new and different validating methods which suit the new model of thought would have to be devised. If it were not true, psycho-analytic theory would have to be transformed—not in content but in respect to the pattern of conceptualization—before validation by currently accepted methods could take place.

In any case, validation of psycho-analysis was viewed as a gradual process of approximation, and three kinds of research enterprise were described, each of them capable of accomplishing clarification and additions to knowledge essential for the ultimate validation of psychological theory—none of them capable of completing the validation process.

(Received October 7, 1951)

[14] *An Investigation into the Treatment of Schizophrenic Psychosis and the Nature of Schizophrenia by a Direct, Analytic Method.* Menninger Foundation, Topeka, Kansas.

SPONTANEOUS FLUCTUATIONS IN DEPTH OF HYPNOSIS AND THEIR IMPLICATIONS FOR EGO-FUNCTION[1]

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Early in our research, when we were investigating the possible uses of hypnosis as a 'short-cut' in psycho-analysis, we came upon a curious phenomenon, a phenomenon to which at first we paid little attention, but which gradually became one of the focal points in our inquiry into the nature of hypnosis. Anyone who has worked with hypnosis, particularly in a therapeutic setting, will probably recognize as a familiar occurrence the kind of event to which we refer: In the middle of a discussion, the patient will suddenly report a spontaneous change in his subjective experience. He may say, 'I'm going much deeper into hypnosis now', or he may say, 'I'm getting lighter; I'm coming out'.

In our zeal to inquire into the effects of introducing the hypnotic state into the ordinary course of a psycho-analysis, we at first regarded such spontaneous reports as a *help* if the report were 'I'm going deeper', or as a technical *obstacle* if it were 'I'm coming up lighter'. Often, if the latter were reported we would respond by redoubling our effort to deepen the hypnosis in order to 'get on with the business in hand'. After all, if one were to study hypnosis as an auxiliary in psycho-analysis, one had to have the patient in a hypnotic state.

It was only when our research interests began to depart somewhat from the practical-therapeutic and to become more theoretical that the phenomenon, *per se*, began to excite our curiosity enough to warrant a period of intensive study.

Before describing our procedure, we should like to say a few words about the methodological problems inherent in clinical research of this kind. The clinical researcher is often in the position of the geologist or the astronomer who comes upon a natural phenomenon, has a 'hunch' about its meaning, but cannot proceed to check his 'hunch' by direct experimentation. What then is the clinical investigator to do? He may content himself with his plausible hypothesis and extend his speculations within a self-contained theoretical system, hoping that future observations will confirm his hypothesis. This can be a highly valid activity, midway between literature and science, and in the hands of intuitive, yet disciplined, investigators it probably accounts for the bulk of our present knowledge about the human psyche. The most obvious disadvantage of this approach is that the prime test of the 'rightness' of the hypothesis, barring the test of time, is the investigator's own certainty that his hunch 'makes sense' or fits in neatly with things he has thought before. If the clinical investigator is temperamentally more faithful to the demands of science, he will make vigorous efforts to escape such solipsism in several ways: he will demand of himself that he observe and report as factually as possible; he will relentlessly try to make some distinction between the phenomena *outside* of himself and his own thought-patterns, i.e. an awareness of the line between observation and theory; he will hold as one criterion of the 'plausibility' of his hypothesis that it fit all known facts regarding the phenomenon in question; and finally he will be on the lookout for ways and means to validate his hunches. While the experimental researcher regards all these propositions as truisms, the clinical researcher must constantly remind himself of them and often fall far short of meeting them. Because our science is still so young we must often be content with the statement of the 'plausible hypothesis'.

We have included this extended parenthesis on the nature of clinical research to serve as an introduction to our description of the procedure we used in studying the reported spontaneous depth-changes

[1] This study issues from a long-term research project on hypnosis, begun at the Foundation Menninger, in part by the United States Public Health Service and in part by the Austen Riggs Foundation, Stockbridge, Massachusetts. This material was first presented at a meeting of the New York Psychoanalytic Society, October 17, 1950.

in hypnosis.[2] Although we began our study of these fluctuations by constructing hypotheses to 'explain' them, we later tried to go a little beyond this by attempting retrospective '*predictions*' of events that had already occurred, based on the evolved hypotheses.

Our actual procedure was as follows: First, we combed through the transcribed verbatim recordings of several research cases where hypnosis had been introduced at various times during the analysis, locating each instance where the patient spontaneously reported a change in the 'depth of the hypnosis'. After an initial period of exploration of ways and means, we devised the following technique: we presented two experienced psychoanalysts with many pairs of verbatim sections of material. These judges were familiar with the history and therapeutic progress of the patients, as well as with the problems of hypnosis. In one section the patient had reported a change in depth; in the other no change was reported. Each section was approximately a page of single-spaced verbatim material. Due care was taken that the neutral section was chosen at random. In the typed copy of the verbatim record, presented to the predictor, the patient's announcement of the change in depth was naturally omitted, as were also any subsequent direct references to this change which would have 'given away' the answer. The analyst's task was to 'predict' in which of the two sections the change in depth of hypnosis had been reported and to give in detail the reasons for this prediction, together with a statement of how certain he felt of his prediction, on a scale of 1–5.

The sequence was as follows: The predictor was first given one of the pair of verbatim sections. Sometimes the section in which the change in depth of hypnosis had occurred was presented first and sometimes second. Naturally, the predictor did not know which was which. After the predictor had read the first section, he summarized the dynamic content of the material including the interplay between therapist and patient and stated whether or not he thought a change in depth had been reported in that section. Sometimes, if he thought a change had been reported, he even tried to judge at what point in the material it had come and whether the patient had reported 'deeper' or 'lighter'. Usually, however, the predictor restricted himself to a statement of whether or not a change in depth had been reported at all. Then, after reading the second section, he made a similar statement of *its* dynamic content. Finally, he decided in which of the two sections the change had been reported and was then told if his judgement were correct. All the figures given in this paper are based on this final prediction. It was from the discussions of the direct comparisons of the two sections, in the course of which the predictor had to weigh various factors aloud, that some of our most fruitful hypotheses evolved.

We are still in the process of studying these data. To date, almost one hundred such predictions have been made, and the judges have made correct predictions 72 per cent of the time. Statistically this result has a significant difference from chance probability. It is noteworthy that up to the mid-point of the series of predictions (the mid-point taken as an arbitrary dividing line) they were right only 68 per cent of the time, while in the second half they judged correctly 86 per cent of the time. This statistically significant improvement in the ability to predict suggests a progressive sensing and delineation of the significant variables involved. The possibility remains, of course, that the judges were unconsciously responding to cues other than

[2] The expression 'spontaneous depth-change' is actually a figure of speech designed to describe the alterations in what Rapaport (17) calls 'states of consciousness' reported by our patients. The patients themselves, as well as non-patients who served in other experiments, agree that to 'go deeper' means to experience more intensely all the sensations they ordinarily feel in hypnosis, and to 'come lighter' means to experience a more normal, everyday 'state of consciousness'. This varies for each person: one may experience intensified heaviness in his limbs; another may feel an increase in the flow of visual imagery; still another may feel more somnolent or 'out of this world'. We presume that the ebb and flow of the 'states of consciousness' described reflect complex alterations of psychic functioning, up to now principally described in terms of changes in the ego. We must assume that the patients did not invariably report these subjective feelings of change and that, as Dr. Robert Holt suggests (11), 'When such a change is verbalized, it is explicitly brought into the interpersonal relationship and is more likely to have a functional relation to the interaction with the hypnotist.' This paper deals only with the *reported* changes, which may have a somewhat different significance from those unreported.

When this paper was first presented, several of those who discussed it questioned the validity of basing our conclusions on the patient's report of a change, because there was no other criterion that a change had taken place except for the patient's own statement. In this connection, we would like to point out the following: (1) These changes were first brought to our attention by patients' spontaneous reports and were not suggested by us. (2) In general, current research accepts the subjective report as a meaningful datum. The psychoanalytic situation is such that if a patient were to make a false report, there would be evidences of a disturbance in the patient-therapist relation and the fraud would probably come to light. We have had no such instance of a patient pretending a change when none occurred. (3) A change which occurs in order to produce a certain effect on the therapist is encompassed within the framework of the hypothesis to be offered later in this paper. (4) A reported change in the depth of hypnosis was usually accompanied by changes of the kind described above. We did not specifically inquire into the existence of such changes *every* time, because the internal consistency of the material was such that we never doubted the authenticity of the reported change. Such inquiries would also have disrupted the flow of the therapy. (5) We know of no valid test of a change in depth of hypnosis, or of hypnosis itself for that matter, other than the subjective report and an impressionistic assay of behaviour.

those which they consciously verbalized. We have been trying throughout to articulate progressively the developing hypotheses so that the ability to predict a change in depth does not remain a matter of 'clinical judgement' which cannot be pinned down.

We should like first to present the three main steps in our thinking to date, then offer some examples, and finally conclude with a statement of some of the theoretical problems raised by these data.

At first we proceeded on the generally accepted assumption that the established hypnotic state is a special form of a transference relationship with emphasis on the gratification of infantile passive wishes. Accordingly, we expected spontaneous changes in depth to accompany fluctuations in the transference relationship, particularly those fluctuations involving the ebb and flow of infantile receptive needs. Continued observation soon showed us that this hypothesis had only partial validity.

The second step in our thinking issued directly from the fact that we observed many reports of a change in the depth of hypnosis when the surrounding material contained an increase in hostility towards the therapist inferred by the predictor. For example, the patient might go into, and report, a deeper hypnosis in order not merely to entrench himself further in a position of infantile libidinal gratification but essentially to deny the hostility by exaggerating his passive submission. In retrospect we see that this second step in our thinking marked the beginning of our emphasis on the defence in hypnotic relationship, in addition to its libidinal aspects. However, at that time we were unable to synthesize into a unified hypothesis the observation that changes in depth seemed to occur sometimes in a context of an increased infantile need and sometimes in a setting of covert hostility.

At this point in the study we changed our technique of dealing with the data. Hitherto we had been comparing summaries of all the material of two therapeutic hours, in one of which a change in depth had been reported and in the other not. Now we adopted the technique already described, the comparison of brief verbatim segments. It was out of this 'microscopic' analysis of the data that the third step (our current view) emerged. This hypothesis actually brings together the first two. It is as follows: We can expect a spontaneous change in the depth of hypnosis when there is evidence that an existing impulse-defence balance is being threatened, accompanied by a variety of indices of conflict and anxiety. This threat to the existing balance may occur either as the result of an upsurge of a passive need or as the result of a hostile wish against which the ego is insufficiently defended. The patient in hypnosis attempts to deal with the resultant anxiety by a change in the depth of hypnosis. The change in depth may thus be an attempt either to gratify the impulse or to defend oneself against it. Usually it is both. We do not know as yet precisely what determines the *direction* of the change, although we have speculated a great deal about it. We have observed the same patient deal with anxiety sometimes by going deeper and at other times by disrupting the hypnosis entirely. We will return to this problem later.

It is as if the established hypnotic relationship is itself a compromise-formation like a dream or a symptom, and that the main function of a spontaneous change in depth is that it is one of a number of possible ways of attempting to deal with the anxiety which is released by a temporary breakdown in the existing equilibrium. If, in a given sample of material, there is evidence that a forbidden impulse *is* being adequately defended against by one or more of the usual mechanisms of defence, we do not expect a change in the depth of hypnosis. It is economically unnecessary. If, on the other hand, there are indications that an intense need or a hostile wish is breaking through, we expect a change in depth as a spontaneous effort to re-establish an equilibrium, an equilibrium which will provide a maximum of gratification and a minimum of anxiety. Obviously, this hypothesis takes it for granted that a person's defensive operations are by no means obliterated in the hypnotic state.

We are gradually beginning to define the indices of a threatening breakdown of an impulse-defence balance, and conversely the indices of ego-functioning which is sufficient to obviate the necessity for a change in depth. For example: shifts in topic, blocks in speech, 'pressured' speech, outbursts of affect, etc., are some of the more obvious indications of conflict in which context a change in depth may be expected. Conversely, evidences of strong defensive operations (displacement, denial, reaction-formations, etc.) provide a context in which no change is expected. On a 'formal' level, the existence in the material of metaphor, humour, self-reflectiveness, continuity, etc., speak against a change in depth, while the sections in which the patient reports a change are relatively lacking in these qualities. The predictors are continually faced, however, with the necessity of weighing *how* threatening is the anxiety in a given fragment of material or *how* well a given defence is holding up. If these distinctions were of a black and white character, our predictors would have had a high degree of subjective certainty that their predictions were correct as they went along. Instead we find that, on a scale of 1–5, our predictors' average feeling of certainty is only 2, suggesting that the phenomenon being judged is complex and subtle. Lest it appear that this low feeling of certainty reflects merely the caution and obsessionality of our predictors, it should be added that the total range of their feeling of certainty was wide; sometimes they felt as though they were *guessing* and at other times they were willing to wager that they were right.

Our hypothesis will take on more concrete meaning if we present an example of a pair of transcribed verbatim sections of material from which a prediction was made. Actually, this example does not do justice to the difficulty of the task which the predictors usually had to confront. It was considered a relatively ' easy ' one. We have chosen it for two reasons: One, that it required the least background material to be intelligible to an audience unfamiliar with the case, and second, that inasmuch as it *is* relatively easy and both sections deal with the same content, it brings into bold relief the formal differences between them.

It must be remembered that though the ' predictions ' were made in isolated sections of therapeutic hours, the predictors knew a good deal about the history of the case and the course of the therapy.

The case was that of a young woman who was being treated for depression and anxiety attacks. She happened to know that a famous psychoanalyst, Dr. T., was visiting the town and during one session ' fantasied seeing a huge rattlesnake crawling around Dr. T., whose feet were bound with a rope '. She said, ' It can't bite him because it's too close to him ', but ' He is standing there horrified '. Shortly after that, the patient fantasied she was a harmless grey rabbit.

The first segment with which the predictor was presented was chosen from a therapy hour two days after the hour in which the patient had had the fantasy about the snake. This section, as well as the one to follow, were both chosen from periods in the analysis when the patient was in hypnosis. The predictor had to decide in which of the two the change in depth had been reported. The first reads as follows:

PATIENT: Then I was wondering why I should frighten him so much by wrapping a snake around his ankles . . . that would be an awfully aggressive thing to do to a man . . . to anybody . . . so . . . to me that suggests or proves that even while I'm thinking of men as being such superior beings and such important things to me . . . I still like to have them under my thumb so I could frighten them . . . but I'm afraid of them. . . .

THERAPIST: You're pretty angry with them too or why would you have had such a hostile fantasy?

PATIENT: Yes . . . it is that . . . I don't like any man, really . . . that's one reason why Tom [her husband] stands away from me so far in my thinking, because I have so much hostility towards him. Not just Tom but any man . . . all because I hate my Dad so very much. . . . They're all men. . . .

THERAPIST: Tell me the first thing that occurs to you when I ask you what the snake symbolized.

PATIENT: Anger. . . .

THERAPIST: Whose anger?

PATIENT: Mine. . . .

THERAPIST: Yes . . . you represented yourself as a very powerful, dangerous creature. Quite the opposite of the grey rabbit?

PATIENT: I wish I could be that . . . or be in between . . . I don't want people to be afraid of me . . . I don't think . . .

THERAPIST: You know very quickly following your fantasy of being a powerful snake that could terrify even Dr. T., this great superior being, very shortly after that you were a grey rabbit, as if to take it all back right away. ' No, I have no such impulses, I don't want to coil myself around him at all.'

PATIENT: There's a little grey bunny snuggling down in the grass. . . . You see there's where my conflict is. I can see that. . . . I know that's right. But I don't know how to fill in that gap . . . and I see a huge river running down. It's filled with angry, muddy water. . . . I guess that presents itself because of the floods [there were floods in the city at the time]. But on one side of the river is part of me and on the other side is the other part. On the side next to me . . . the side that I can get to . . . that's the weak, empty, frightened feeling that I have . . . I don't think anybody knows I carry that *feeling* around with me all the time. . . .

The predictor commented that the patient did not appear to be feeling really intense affect here in spite of various expressions of fear and emptiness. She partly repudiates the hostile fantasy of a snake coiled around Dr. T., and talks of this fantasy somewhat intellectually and as though distant from it. Although she speaks of her conflict, the material itself does not show great anxiety. Any hostility the patient may have towards the therapist is efficiently displaced. It is also noteworthy that the patient is being overtly compliant —she agrees with all the formulations—and is being ' objective '. The predictor therefore concludes as his ' initial prediction ' that there was no change in depth of hypnosis in this section.

Then, without being told whether he was right or wrong, he was presented with the second excerpt for comparison. This segment was from the therapy hour two days before the first one. This was the hour in which the fantasy about the snake and Dr. T. had first appeared. The section comes very shortly after the fantasy had first been described and reads as follows:

PATIENT: I've heard about him [Dr. T.] for so long . . . but why would I want him tortured with the snake around his feet. . . . I don't want anything to happen to him. . . . I don't know . . . after all, I put it there. . . .

THERAPIST: Yes, you did. What does it mean?

PATIENT: Now I have a little fantasy, it's not a picture . . . I don't see it, but I wondered if he was dead . . . and there was a rope or

something there tied around his feet . . . it seems his legs were tied together . . . his feet tied together. . . . He has to stand up . . . very uncomfortable . . . I'm tired because it makes me tired to think about it . . . if he were in the position that I see him in he'd be awfully tired and that makes me tired . . . if I could just reach out. . . . I haven't felt like this for a long time.

THERAPIST: How is this feeling different?

PATIENT: Sometimes I'm straightened out and sinking into a grave-like thing . . . and sometimes I'm floating up in the air . . . most of the time I'm straightened out and I'm sinking . . . but now I'm all doubled up like . . . what I want to say is like an unborn babe . . . you see I'm all wound up. . . . I felt like this once before too. . . .

THERAPIST: When was that?

PATIENT: When Dr. W. [the patient's former therapist] was here . . . and I want to know what that means . . . once before when Dr. W. put me in hypnosis I had all these feelings, exactly like I feel now . . . being wound up . . . not wound up, being folded up . . . my knees are up under my chin and my head down between my knees, it couldn't be like that, could it? . . .

THERAPIST: And you've never had that feeling since?

PATIENT: No. . . .

THERAPIST: Why do you have it to-day?

PATIENT: What I want to say is . . . I want to get away from anything that demands an adult adjustment or something. . . . I don't want to be grown-up and having to be grown-up and accept adult responsibilities. I'm afraid of it, I can't, I can't do it . . . it makes me anxious, it makes me scared, makes me depressed. I just can't do it. . . .

The predictor commented: 'This is strikingly different from the first section. It is filled with acute immediate intense feeling. Though both sections have the snake fantasy as a point of departure and are similar in content, this one does not have the detachment of the first. The feelings frighten her and she regresses. The fantasied womb-like position shows her as a powerless creature with no hostile impulses at all. She also implies punishment—"I'm sinking into a grave-like thing". This kind of "death" seems to cancel out all her hostile impulses and to guarantee passive gratification.' He then made his 'final prediction' that the change was in this second section, adding that he believed the patient went 'deeper'. He was correct on both counts.

It seemed quite clear to both predictors that all the indices of acute anxiety were relatively missing in the first section and present in the second; and conversely that evidences of a relatively stable equilibrium were present in the first and missing in the second. Accordingly it is in the second that the patient calls on the hypnosis as a further line of defence and retreat, going more deeply into the hypnotic state.

It may be asked whether it is possible to say why the change occurred just when it did. It may be speculated that the patient was attempting to deal with her hostile fantasy first by identifying herself (masochistically) with her victim, but this is not enough and she goes deeper into hypnosis. Nor is this enough. She goes further and portrays herself as a helpless fœtus-like creature, doomed to 'sink into the grave'.

Those who are familiar with vivid visual imagery in deep hypnosis might argue that its presence in the second section provided the predictor with an external clue, but it must be pointed out first of all that there is vivid visual imagery in the first section too—the picture of the angry, muddy river—and, more important, that the problem was not to decide in which of the two segments the hypnosis was deeper to begin with, but to decide in which one a *change* had occurred. This judgement was made, therefore, on the basis of indices of anxiety and conflict rather than on the presence of hypnotic phenomena such as visual imagery.

We will now discuss briefly the individual differences in depth-changes which seem to be a function of different character-structures and the varieties of psychodynamic contexts in which spontaneous changes of depth in hypnosis occur.

One striking instance of individual difference is shown in the fact that one of our patients reported going into a deeper hypnosis twice as often as 'coming lighter' whereas another reported getting 'lighter' six times as often as going 'deeper'. We can only speculate about this difference because we have not as yet clear-cut evidence regarding the conditions which determine whether anxiety will be dealt with by a 'lightening' or by a 'deepening'. The patient who characteristically goes 'deeper' when threatened with anxiety is a girl who finds it extremely difficult to allow either open demands or hostile feelings into consciousness and whose major mechanisms of defence are reaction-formations that take the form of compulsive 'goodness', self-sacrifice, and obedience. In relation to her husband, she is often a helpless little girl. It is as if her normally preferred techniques of mastering anxiety and of attempting to get gratification are brought into play in her characteristically going into a deeper hypnotic state when confronted with a conflict situation. The other young woman has tried all her life to maintain similar defences, but in her, upsurges of conscious rage are more frequent and her efforts to maintain a 'private' and independent way of life far more thoroughgoing. Thus it may be that her frequent 'lightenings' in hypnosis are related to her chronic effort to maintain rigid controls against too great a passivity. That this effort is not really successful is indicated in the fact

that she is hypnotizable at all. A third patient who was clinically much 'sicker' than either of these two usually reported a deepening of hypnosis in the face of mounting anxiety. Until her illness, she had lived a life of domineering devotion with thoroughgoing compulsive defences. In her breakdown she oscillated between the attempt to maintain these rigid defences, and a complete collapse into abject helplessness and panic. In this third case, the predictors found it almost too easy to make correct predictions regarding the depth-changes because of these striking and extreme oscillations: by this we mean that any given segment of material showed either a transparent effort at massive denial or an almost complete shattering of ego-function with the change almost always occurring in the disrupted ego-state. In this case, a deepening of the hypnosis often seemed to function not mainly in the service of regression, but rather as a hostile escape from the therapist who was urging unwelcome self-scrutiny. Whereas in the first patient a deeper hypnosis usually opened 'channels of communication', perhaps as part of her effort to be compliant, in this case the spontaneous deepening was often an attempt to throw up an impermeable barrier between herself and the therapist.

A verbatim pair of sections on which a 'prediction' was made of a report of change in depth will illustrate our generalizations regarding this last case. Throughout the course of therapy it was abundantly clear that her lifelong struggle between self-sufficient 'bossiness' and her need for childish dependence had become focused in an impasse in a relationship with an older married man who actually did take care of her in many concrete ways and to whom she had come to feel enslaved. In fact, the precipitating event of her illness was her effort to break this enslavement by leaving him to join the Red Cross as a nurse. In the first section presented to the predictor she is discussing this conflict:

THERAPIST: I don't believe you can resume that relationship and be a happy person or a well person.

PATIENT: That's what's hard for me to take . . . of course I want to get well . . . but you know I think a great deal of him . . .

THERAPIST: I know you do. But you see, there are compromises possible. For instance, you say you want him to stop paying any of your bill, and you pay it all yourself. And I have said in that connection that I don't think that's necessary, I think you can compromise on that, and gradually begin to see exactly what kind of a relationship, if any, you're going to have with him. If you want to know whether I think you can go back and take up where you left off, I certainly don't.

PATIENT: Of course I don't want to go back and be like I've been since I've been sick. . . . I couldn't do that . . . and I think if I was well, to where I could do things to occupy my time, take all of my time, do something that would take full time . . . if I could study or do things, but with my anxiety as it is now, I can't do anything. . . . I mean I don't seem to be able to concentrate enough to do very much . . . because I think of that so much . . . that's the reason I can't concentrate. . . .

THERAPIST: You mean you think of your problem about him?

PATIENT: Yes . . . if I could move that entirely out. . . . I must have an awfully strong will. . . .

THERAPIST: What do you mean?

PATIENT: Towards him . . . not wanting to give him up or . . . not wanting to wipe him out entirely . . . if I was well to where I could I think it would be all right, I think I could do it . . . but right now it seems so awfully hard for me to think of . . . I'd like to always be friends with him, I don't want to hurt him . . . and it's going to be awfully hard for him to understand my feeling, I think . . .

THERAPIST: Don't you think he really does understand it better than you might imagine?

PATIENT: Maybe so . . . he surely knows that it . . . has . . . contributed to my illness . . . would you call it an illness or just an imagination?

THERAPIST: I would call it an illness.

PATIENT: Well . . . then I think oh, if I should become an out-patient, could I go out in the world by myself . . . what could I do . . . it seems to me the last few days I've wanted to be by myself, sit around and be alone . . . you know . . . worry about it by myself . . . and that's . . . oh, it's ridiculous that people should get themselves in this kind of a condition.

THERAPIST: It seems perfectly possible to me that you could terminate the kind of relationship that you had been having with him and yet remain friendly and not hurt him . . . but you see your real worry is whether you're really enough of an adult to take care of yourself.

PATIENT: Yes, that's my big worry. . . .

The predictor comments on this first section: 'This seems a higher level of her chronic debate throughout therapy than usual, this debate varying from most primitive to more objective levels. Here we see a limited aspect of the "working through" process with a fair expression of the realistic considerations involved and some real insight into the nature of the conflict, though not into its genetic aspects. She is being neither angry nor compliant, though the therapist is taking a very definite stand *re* the relationship with the older married man. She states straightforwardly her feelings; does not address the therapist by a formal title as she usually does when being anxiously compliant. No defensive flippancy here; she is consistent and coherent throughout. Shows a relatively high level ego-

functioning.' Because of his appraisal of the level of ego-functioning as relatively high, the predictor judged with a certainty of 3 that no change had been reported in this section.

Now, again without being told whether or not he was right, he was presented with the other section of the pair. In this section the patient is discussing her tentative plans to resume her work as a nurse and to become an out-patient:

PATIENT: I asked Dr. Smith this morning if he thought it might be possible when I . . . could go to work if I could go to work out at St. Mary's Hospital. . . . He said that it might be . . . that some more patients had worked out there. . . . But I don't want to work with the Grey-Ladies . . . which you mentioned yesterday. . . .

THERAPIST: Oh, that was just a thought.

PATIENT: . . . When I go to work I want to be able to wear my uniform. . . .

THERAPIST: Do you have any of them here?

PATIENT: Uh-huh. . . . They're at home. . . . Don't you think it'd be a good idea if you could just chop anyone's head off . . . and set a new one up on their shoulders and . . . say, 'All right, you're well. . . . Go about your business.'

THERAPIST: Yeah, that'd be swell . . . (*laughs*). It's not so simple.

PATIENT: Don't you get awfully tired and awfully bored and . . . disgusted and . . . discouraged when you get someone like me?

THERAPIST: Do I seem that way?

PATIENT: No, but . . . you must have the patience of Job. . . . I don't know how you can stand it. . . . It certainly is . . . the devil. . . . But I don't think there's any . . . other doctor . . . could give . . . do you . . . that the psychiatrist can . . . because I think mental suffering is worse . . . is so much harder than anything else. . . . I don't think physical suffering would be as bad. . . . Think of Mary . . . and all the terrible suffering she went through. . . . A few years ago right now she was so terribly . . . low . . . unconscious. . . . And when she had been unconscious from March 25 until June 6 . . . and when she began to regain consciousness, we had to teach her to speak or to talk. . . .

THERAPIST: What feeling do you have about it?

PATIENT: . . . a feeling of pity for her. . . . I can't very well talk about it without crying. . . . That was so terribly hard on me and on her too . . . uh. . . . I hope I never have to go through another seven months like that was. It still worries me to think of it . . . and I think that I must have been getting ill then. . . .

THERAPIST: When was that again?

PATIENT: 1940. . . . I have such a headache. . . .

THERAPIST: You just got it?

PATIENT: Yes . . . um . . . oh, my . . . (*crying*) . . . I don't think I'll ever get well, Dr. Brenman. . . . I have too many things to think about that cause me misery and pain inside. . . . It seems to me like I had enough . . . even then . . . without having to go through that all . . . all that . . .

The predictor says of this material 'This is an interesting section: it begins with an optimistic outlook *re* working as a nurse and regaining her identity. Then she shifts to a magical solution to her problems (chop her head off and get a new one). Then she recalls her friend, Mary, who had near-fatal headaches and ends up despairing and miserable. Apparently her excursion into prospective independence frightens her, and she becomes anxious. Some identification shown with Mary (*her* head was ruined for good as is patient's). It seems a change in depth should reasonably occur here——. There is a gesture at independence followed by anxiety. The latter leads first to the defence of flippancy and then to an appeal to the therapist for patience and finally a statement of helplessness. The change in depth is interposed as another defensive effort and probably occurs just before the headache is reported. Going "deeper" might have protected her from the headache. So maybe she went "lighter" here (although she is sufficiently regressed to go deeper).' Now the predictor's certainty rose to 4. He was correct in this and had accurately located the point at which the patient had reported the change in depth; she had indeed said 'I woke up' shortly before reporting the headache.

We have been emphasizing thus far the defensive function of a change in depth, whether against an infantile need or a hostile impulse. We have seen, however, many instances where the change is in the immediate service of a strong infantile wish. For example: on one occasion a patient in hypnosis discussing deprivations in relation to her mother was seized with the impulse to suck her thumb. As she struggled with this wish, she reported that the hypnosis was becoming much deeper, and shortly thereafter proceeded actually to suck her thumb, with an accompanying feeling of automaticity, as if she were not 'responsible' for her infantile behaviour. Sometime later in the therapy, after a great deal of analysis of this 'acting out' of infantile behaviour, she was assailed by a strong wish to masturbate, but this time instead of employing a depth-change to enable her to *gratify* this impulse, she reported she was coming out of hypnosis, apparently to avoid a 'regressive solution' of the conflict.

We could multiply the descriptions of depth-changes to show that the economic meaning of any given change whether 'lighter' or 'deeper' may be a direct expression of infantile need or it may be a defensive manœuvre, but we will content ourselves with an example which illustrates how the depth of hypnosis may fluctuate rapidly, the fluctua-

tions in this instance depending upon how effectively a hostile impulse is being warded off.

The patient and therapist in this instance had been discussing the patient's inability to experience conscious anger towards the therapist:

PATIENT: When I first woke up this morning after I had had that dream it was six o'clock. There was some feeling of anger directed towards you . . . now I think back . . . what was that . . . that certainly pulled me *out of this hypnotic stupor.* I almost could move my hands now.

(There was then a definite 'lightening' of hypnosis, apparently related to the recapturing of a conscious feeling of anger towards the therapist which the patient goes on to describe as follows:)

PATIENT: Now what was that I . . . I can remember having an afterthought and repressing that by thinking . . . that isn't true. . . .

THERAPIST: Try and think of it. It's very important.

PATIENT: I know that there was a feeling of hostility, and I was thinking I don't want to bother about it—I mean about you—and then I can also remember thinking yesterday afternoon wondering if I would turn against you. I don't know why I should have had that thought. I know where I was standing when I thought that but it didn't make any diff. . . . I mean I didn't connect it up with this thing . . . but you see it would be easier to have a feeling of hostility towards you than it would Dr. W. [the former therapist] because of my mother, do you see that?

THERAPIST: Yes.

PATIENT: Though I think there have been times when I hated my father with passion . . . I . . . I never could place that in Dr. W. but right now I don't feel that way about you . . . the part of me that's talking at least and I can't see any other part right now. I am getting deeper again.

We see now that the hypnosis becomes deeper as the patient no longer *consciously experiences* the feeling of hostility, obviously a consequence of increased defence. This is made perfectly clear in the following quotation from the verbatim account, which goes on as follows:

THERAPIST: You mean you are getting deeper as you feel you can't see what part?

PATIENT: Uh-huh . . . that is I can't see the part of me that has a feeling of hostility towards you.

THERAPIST: And that . . . as you said that you felt deeper?

PATIENT: Uh-huh.

It seemed clear that to this patient one of the major meanings of the hypnotic relationship was the denial of and defence against hostility in order to feel dependent, loved, and protected. When, on this occasion, a hostile feeling breaks through to consciousness (if only very briefly) the hypnosis immediately lightens. It is as if conscious anger towards the therapist and a deep hypnosis are incompatible; she quickly retreats in fear from any further expression of hostility, states that she can no longer actually feel it, and now the hypnosis is deeper again, a defensive process to keep her anger out of consciousness.

We have presented these few examples to show that the patient reports a change in the depth of hypnosis when an existing equilibrium is threatened whether by an upsurge of infantile need or of aggression. The change may be in the service of *gratifying* the underlying impulse, *defending* against it, or both. We do not yet know precisely what determines the direction of the change.

Our data on spontaneous changes of depth of hypnosis raise a host of theoretical problems both for the nature of the hypnotic state and for ego-functioning generally. In our discussion of the hypnotic state, we will restrict ourselves to a consideration of the psychological aspects of the *established* hypnotic state, omitting the complex issues involved in what goes on in the process of induction, a distinction most sharply raised by Kubie and Margolin (15) in 1944.

When Ferenczi (4) in 1909 wrestled with the problem of hypnosis, he emerged with a formulation (to replace Bernheim's by now pallid concept of 'suggestion') that provided the first real outlines of a psychological theory of hypnosis. With apologies for the primitive methods of clinical research and for the few cases studied, he stated the following:

'The capacity to be hypnotized and influenced by suggestion depends on the possibility of transference taking place, or more openly expressed, on the positive, although unconscious, sexual attitude that the person being hypnotized adopts in regard to the hypnotist; the transference, however, like every "object-love", has its deepest roots in the repressed parental complexes.'

It was in this classic paper on 'introjection and transference' that the analogy between hypnosis and 'being in love' was first made, an analogy to be elaborated twelve years later by Freud. Although Ferenczi does include the idea that infantile fear as well as infantile love may be an ingredient of the hypnotic relationship, he presents what we should now call essentially an 'id-theory' of hypnosis in which the greatest stress is laid on the transference of 'libidinous impulses'.

When Freud (7) turned his attention to this

problem in his volume *Group Psychology and the Analysis of the Ego*, a discussion that remains to date the richest and most provocative discussion of this issue, he pushes the analogy of hypnosis and ' being in love ' to the point where he says:

> ' The hypnotic relation is the devotion of someone in love to an unlimited degree but with sexual satisfaction excluded; whereas in the case of being in love this kind of satisfaction is only temporarily kept back, and remains in the background as a possible aim at some later time.'

He feels it is ' obvious ' that in both states we see ' the same humble subjection, the same compliance, the same absence of criticism ' as well as ' the same absorption of one's own initiative '. He regards both ' being in love ' and hypnosis as an overflow of ' narcissistic libido ' on to the object to the point where the object has taken the place of what he then called the ' ego ideal ', or perhaps even the place of the ego.

It is interesting that although Freud had by this time dealt with problems of hostility and the defence mechanisms and had elaborated his dual instinct theory, these formulations about ' being in love ' and hypnosis remained pretty strictly within the conceptual framework of earlier ' libido theory '.

Even in Fenichel's (3) summary of the current status of theories on the nature of hypnosis, although he is obviously familiar with the work of Rado (16), Kubie and Margolin (15), and others, all of whom have attacked the problem with a view to the role played by the ego and superego, he limits his discussion to the question of ' which type of infantile sexuality ' is decisive in the ' libidinal tie ' between the patient and the hypnotist. He says:

> ' The hypnotized patient receives satisfaction of a sexuality that has not yet been differentiated from narcissistic needs. The patient reverts to the phase of passive-receptive mastery. The first two years of life, in which external " omnipotent " persons took care of us, protected and provided us with food, shelter, sexual satisfaction, and reparticipation in the lost omnipotence, gave us a feeling of being secure in a greater unit, while at the same time losing our own individuality. This memory establishes in every human being a capacity for nostalgia for such a state whenever attempts at active mastery fail. It is this type of regressive longing that is satisfied in hypnosis.'

In his further discussion, Fenichel makes a significant addition in that he links the hypnotic relationship with the satisfaction of pregenital impulses, *specifically oral needs*'[3]. This is in contrast to the idea that hypnosis involves a transference of œdipal longings, a point of view always implied by Freud (7) and Ferenczi (4), though not sharply stated. Fenichel, too, implies, however, that the hypnotic relationship is one in which infantile needs are simply gratified rather than one in which the patient presents a complex web of passive need, of hostile impulse, and of the simultaneous effort to gratify and defend against both.

Our explorations of the hypnotic relationship, samples of which have been presented in the change-of-depth material, have led us increasingly to the view that the position held by Ferenczi (4) and Freud can no longer encompass the phenomena we observe and is no longer consistent with what we have learned of ego-psychology in recent years. We cannot, for example, conceptualize as ' an overflow of narcissistic libido ' any relationship (whether it be ' being in love ' or hypnosis) which is characterized by ' humble subjection, compliance, absence of criticism ' and all the other attributes of masochistic self-abnegation. We see in such behaviour not only a desperate infantile (probably oral) need, but prodigious defensive operations designed to deal not only with the primitive sadistic impulses usually attached to such a need but also with the various derivatives of such hostility. It should be noted here that Freud (6) observed very early in a footnote that hypnotic pliancy was related somehow to masochism, but apparently at that time he regarded the latter complex phenomenon merely as a component of the sexual instinct.

In considering how our data on spontaneous fluctuations in depth fit into a view of hypnosis which involves not only libidinal but also defensive and adaptational aspects of psychic organization, we have attempted to work within the conceptual framework of relatively recent advances in ego psychology, particularly as formulated by Hartmann (9) (10), who has

[3] Note the frank oral material in the previous example about the snake and the grey rabbit.

discussed mental functioning in terms of a complex multi-faceted equilibrium. We are, of course, able to point to only a few of the facets.

Psychic states are now generally viewed as tending towards a dynamic equilibrium, in which major operating forces are impulses seeking gratification, defences against these impulses when their gratification would produce anxiety, and the search for techniques of adaptation which will permit gratification with a minimum of anxiety. Such an equilibrium may be relatively stable or it may be short-lived. It may be disrupted by the rise of a new impulse or the clamouring of an old one with renewed vigour; or changing external conditions may render obsolete previously effective techniques of adaptation. A defensive manœuvre may in itself provoke anxiety and upset the equilibrium. For example: A defence against a primary hostility by passivity and compliance may arouse fears of being castrated, or, more primitively, of being helplessly engulfed, and thus lead to an expression of hostility on another level, resulting in the stratification or ' layering ' of impulse and defence so clearly described by Fenichel (2).

In the face of such a disrupted equilibrium, complex operations will take place both intrapsychically and in relation to the external environment which are designed to restore the equilibrium. The concepts which we use to discuss such operations are usually too complex to permit us to speak of a change which results *only* in increased gratification or *only* in increased strengths of defence or *only* in more effective adaptation. In harmony with the ' principle of multiple function ', first so named by Robert Waelder (18) in describing simultaneous changes in the various aspects of the psyche—expressed in structural terms—we must regard any of these processes towards the restoration of equilibrium as involving simultaneously changes in gratification, defence, and adaptation.

In discussing the spontaneous fluctuations in the depth of hypnosis, we take the hypnotized patient as one in a given state of equilibrium, though we realize, of course, that the analysis of the changes in equilibria which have already occurred in his moving from the non-hypnotized to the hypnotized state must also be undertaken.

Taking as our starting-point a hypnotized patient in the psychotherapeutic interview, changes (particularly in the transference relationship) begin to occur which threaten equilibrium. The clearest indication from our data is that at such points a change in the depth of hypnosis is most likely to be reported. We have offered examples which illustrate that a change in either direction may express impulse, defence, or both simultaneously. Perhaps there are other variables which must be found before we can predict the direction of the change in depth, or perhaps we must take refuge in the belief that the decision rests on quantitative factors in the complex of psychodynamic relationships, which, at least by present techniques, we cannot measure.

Through detailed study of verbatim fragments of the kind here quoted, we have begun to study the indices of threatening disruption of equilibrium as against indices of fairly stable equilibria. We have also observed various degrees of regression of ego-function. As hypnosis deepens, it is often (though by no means always) true that topographic regression takes place. It will be recalled that Freud (8) distinguished between ' temporal ' and ' topographic ' regression, the former being a return to earlier stages of development, whether of the ego or of the libido, and the latter a ' reversion of the course of excitation from the preconscious through the unconscious to perception '. As hypnosis deepens and lightens then, it is possible to study the characteristics of an increase or a decrease in topographic regression.

This topographic regression in deepening hypnosis may be an example of what Kris (12) has called ' regression in the service of the ego '. By this he means that ' the ego may use the primary process and not be overwhelmed by it '. Kris first formulated the idea in connection with the special problem of creative processes (13), but later (14) he elaborated it into ' the general assumption that under certain conditions the ego regulates its own capacity to regression, that the organizing functions of the ego include the function of voluntary and temporary withdrawal of cathexis, from one area or another, in order later to regain improved control '. Such regression in the service of the ego is possible only where there is adequate ego-strength. Where ego-strength is insufficient, we have seen instances of a ' deepening ' of hypnosis with topographic regression, resulting in a marked increase of anxiety, and directly followed by a spontaneous ' lightening ' of hypnosis. We have speculated that ' lightening ' in such a context may be analogous to the disruption of sleep when the ego is unable to

cope with the anxiety aroused by threatening instinctual impulses. With regard to 'deepening' of hypnosis this analogy is incomplete in that we have no data showing that normal sleep may deepen in an effort to deal with such anxiety.

Our observations have led us to the conclusion that while a deepening of hypnosis need not include topographic regression, it does necessarily involve temporal regression. We want to emphasize, however, that the description of such a regression must be not only in libidinal terms but in ego terms as well, such as 'the adoption of more archaic modes of defence'. Such modes of defence usually appear in a wholesale, not a piece-meal form.

There are many phenomena which involve regressive ego-functioning in the effort to re-establish disrupted equilibria. Rapaport (17) discusses such changes in ego-function in his book on the organization and pathology of thought. Fluctuations in the depth of hypnosis which we relate to alterations of ego-function are paralleled by observations made by Anna Freud (5) on young children, which she discussed at her lecture in Stockbridge in the spring of 1950. She described the fluidity of transition between primary- and secondary-process thinking in children, emphasizing the fact that a reversion towards primary-process thinking usually occurs in the setting where an existing equilibrium is threatened, whether because of a conflict situation or because of the difficulties arising in the transition from one developmental stage to another. These data on young children suffer from the disadvantage that children are not able to do much introspection or self-reflection. It seems to us that the experimentally produced situation of rapid alterations in ego-function (the hypnotic state) offers a fruitful supplementary source of material, where often the subject can reflect on his regressive productions in a way which can tell us more than can simple observations of behaviour.

We are aware of the fact that we have implied throughout that our data on changes in depth can be directly carried over to the theory of the hypnotic state itself. It may be objected that the demonstration that hypnosis may serve a defensive function does not necessarily mean that this is an intrinsic aspect of the nature of the hypnotic state. We believe, however, that hypnosis can be put to such use *only* because defensive functions are an intrinsic aspect of the hypnotic relationship quite apart from the question of spontaneous fluctuations in depth. Indeed it seems to us that present psychoanalytic understanding of a 'pregenital relationship'—if hypnosis be so defined—necessarily includes more than libidinal aspects, so that from this alone it should be clear that the theory of hypnosis needs to be elaborated and clarified.

To summarize: We have presented some of the results of our studies of patients' reports of spontaneous fluctuations in the 'depth of hypnosis', with special emphasis on a method of research which attempts to implement clinically derived hypotheses with a relatively more objective technique.

We have presented the hypothesis that patients report a 'change of depth' in hypnosis when an existing psychological equilibrium is threatened, and have listed some of the indices both of a threatening disruption and of a stable impulse-defence balance.

These data have been used to extend the existing psycho-analytic theories of hypnosis, to include the idea that the hypnotic state involves not only the *gratification* of pregenital and œdipal libidinal needs, but also a constantly changing balance between such needs, expressions of hostility, and *defences* against both these sets of instinctual impulses.

We have indicated some of the relationships we see between our findings and the more general problems of ego-functioning, with special reference to rapidly changing ego-states that involve increases and decreases in regression.

(Received April 21, 1951)

BIBLIOGRAPHY

(1) Brenman, M., Gill, M., and Hacker, F. J. (1947). 'Alterations in the State of the Ego in Hypnosis', *Bulletin of the Menninger Clinic*, **11**.

(2) Fenichel, O. (1941). *Problems of Psychoanalytic Technique.* New York: The Psychoanal. Quarterly, Inc.

(3) —— (1945). *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., Inc.

(4) FERENCZI. S. (1916). *Sex in Psychoanalysis.* Translated by E. Jones. Boston: Richard G. Badger, The Gorham Press.

(5) FREUD, A. (1950). Meetings on Child Analysis, Stockbridge, Massachusetts, April 23–24.

(6) FREUD, S. 'Three Contributions to the Theory of Sex.' In *The Basic Writings of Sigmund Freud.* Translated by A. A. Brill. New York: Modern Library, 1938; London: Imago Publishing Co., 1949 (authorized translation by James Strachey).

(7) —— (1948). *Group Psychology and the Analysis of the Ego.* Translated by James Strachey. London: The Hogarth Press.

(8) —— (1946). 'Metapsychological Supplement to the Theory of Dreams.' In *Collected Papers*, **4.** London: Hogarth Press.

(9) HARTMANN, H. (1950). *Comments on the Psychoanalytic Theory of the Ego.* New York. *The Psychoanalytic Study of the Child*, **5.**

(10) —— 'Ego Psychology and the Problem of Adaptation.' In *Organization and Pathology of Thought.* D. Rapaport. (See No. 17 below.)

(11) HOLT, ROBERT. Private Communication.

(12) KRIS, E. (1944). 'Art and Regression', *Transaction New York Academy of Science.*

(13) —— (1936). 'The Psychology of Caricature', *Int. J. Psycho-Anal.*, **17.**

(14) —— 'Preconscious Mental Processes.' In *Organization and Pathology of Thought*, D. Rapaport, Chap. XXIII. (See No. 17 below.)

(15) KUBIE, L. S., and MARGOLIN, S. (1944). 'The Process of Hypnotism and the Nature of the Hypnotic State', *Amer. J. Psychiat.*, **100.**

(16) RADO, S. (1935). 'The Economic Principle in Psycho-Analytic Technique', *Int. J. Psycho-Anal.*, **6.**

(17) RAPAPORT, D. (1951). *Organization and Pathology of Thought.* New York: Columbia University Press.

(18) WAELDER, R. (1936). 'The Principle of Multiple Function', *Psychoanal. Quarterly*, **5,** 45–62.

MANIC-DEPRESSIVE PSYCHOSES WITH PARANOID TRENDS[1]

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In paranoia, a special intolerance to the sense of guilt is dealt with by mechanisms peculiar to that disorder. On the one hand, the guilt-inspiring impulses are repudiated by projection to a persecutor; on the other, the ego establishes an identity with the superego which protects against self-reproaches. These developments contrast sharply with the depressions, where the ego assumes responsibility for the forbidden impulses, feels unworthy of identification with the superego and accepts persecution by the latter in the form of guilt and punishment. Clinically and dynamically, conflicts between paranoid and depressive trends often occur in the same individual; the present study will be devoted to an investigation of the relationship between these two disorders.

Our observations suggest that the primal scene is of great importance in determining the choice between paranoid and depressive reaction types, both of which deal regressively with this universal fantasy. Two of Freud's cases (1911, 1915) establish the connection between observations on parental intercourse and the symptomatology of paranoia; the Wolf Man (Freud, 1918) with his subsequent psychotic disintegration (Brunswick, 1928), provides a supplementary instance. Nunberg (1921, 1938) pointed out that the spying activities of the witness to the primal scene are transformed into delusions of being watched while taking the place of one or both parents in the sexual union. Lewin (1932), tracing the background of a hypomanic episode, also established a relationship to the primal scene in that disorder. His patient's elation was found to signify an identification with the observed lust of coitus.

Inasmuch as the primal scene is a common heritage and doubtless demonstrable as an element in the psychic content of all neuroses, the problem to be considered is the specific defence engendered in the various disorders. Nunberg is of the opinion that the concept of parental intercourse is especially associated with sadistic fantasies in paranoia and that an excess of aggression acts to prevent normal superego formation. Lewin found that the desexualization of the parental images required for a stable superego was incomplete and subject to reversal in his case of hypomania.

These views point to factors which provide difficulty in the transition from the phallic phase to the latency period. The child must reconcile the father and mother of the primal scene, who represent the intensest stimuli to œdipal erotic and aggressive drives, with their moral authority as inhibitors of these same impulses. This task is accomplished, under the influence of castration anxiety, by setting up of the superego. The latter process requires a defence against the recollection of the primal scene and a purging of the sexual elements from the images of the parents. Their desexualized memories are then retained as ego ideals.

In this course of events, the fate of the voyeuristic impulse which instigated the discovery of the primal scene is of particular significance. As Nunberg has indicated, in paranoia this voyeurism is, at least in part, projected outward. The persecutor (as portion of the ego that witnessed the act) is set up in opposition to the parents, with whom the remaining portion of the ego identities. This permits a regression to a period before and thereby a repudiation of the primal scene. Certain abnormalities in superego formation result. Freud, in his *New Introductory Lectures*, showed that the watching and criticizing functions of the ego are focal points for the differentiation of the superego. Through the partial renunciation of these activities in paranoia, the superego is deprived of necessary roots in reality testing. The desexualization of the parental images is brought about by regression to a pregenital level in which magic omniscience rather than reality is the source of knowledge.

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A dangerous split in the ego is thus effected. To complete the paranoid superego, the memories of the ' bad ' (sexual) parents are also projected on to the persecutor, who thus becomes a composite of the repudiated voyeurism and the primal scene parents. The resulting equilibrium, however, is unstable. The persecutor (warded off drives) constantly seeks to re-enter and shatter the system thus improvised; the ensuing conflict takes place, as has been sufficiently demonstrated, in terms of anal fantasies. Inasmuch as the persecutor draws his strength from both reality and instinctual forces, he is likely to emerge as victor. In further defence, the ego-syntonic elements can only retreat more deeply into magic infantile omnipotence; the rudimentary voyeurism is expressed in the philosophic and religious theorizing about abstractions (derived from the parental figures and ultimately providing a solution to the riddle of the primal scene) that is prone to occur in this disorder. In the end, with increasing withdrawal from dangerous object relationships and ensuing narcissism, which in projected form lends a homosexual colouring to the picture, the remnants of the ego-ideal succumb to the persecutor amid fantasies and acts of martyrdom that portray quite unmistakably, despite masochistic distortion, the return of the primal scene memories from the repressed.

The failure of the paranoiac to experience guilt is the outcome of the several factors involved in his defensive reaction patterns: projection of forbidden impulses, identification with the desexualized parental images, regression to infantile omnipotence, and a masochistic relationship to the persecutor that has the effect of unconscious punishment and atonement. This solution, purchased at the expense of reality testing, is conducive to psychotic deterioration.

In the manic-depressive psychoses, a different chain of events is set in play. The memory of the primal scene is suppressed by regression to an oral phase in which the sexual union of the parents is represented narcissistically in terms of the devouring of objects by the ego. The latter institution is thus split into a bad-parent, bad-ego and good-parent, good-ego dichotomy, as in paranoia. Both portions are retained internally, with ego-feeling attached to the ' bad ' constellation; the voyeurism is experienced in its more archaic form of oral sadism (cf. Freud, *On Negation*) which ultimately has the connotations of participation in the primal scene (the unmentionable and unforgivable crime for which the depressive reproaches himself). In the manic phase, where expulsive forces are set in action, relief is obtained.

Certain psychological relationships between mania and paranoia derive from the fact that both disorders involve externalization of the troublesome parental images. The manic, however, destroys the ejected bad-parents, bad-self and celebrates the transfer of ego-feeling to the retained good-parents, good-self. The paranoiac wrestles with the threat of the bad elements to return, the depressive suffers from guilt over the satisfaction of his impulses against the bad (primal scene) parents during the manic interlude. Two stages of manic development may consequently be distinguished: the expulsion and destruction of the bad parents, and the elated reunion with the good. Actually, clinical studies and theoretical postulates (Klein (1935), Weiss (1944)) confirm the expectation that the earlier manic phase will present phenomena resembling paranoia. Irritability and suspiciousness are likely to be present, but with the manic in the active rather than passive rôle in a persecutory partnership. H. Deutsch (1933), who commented on the appearance of paranoid trends during the evolution of the manic cycle, expressed the opinion that such symptoms played a part in relieving the guilt of depression by projective mechanisms. Rado (1951) has also drawn attention to the prevalence of paranoid tendencies during intervals of ' normalcy ' between manic and depressive attacks.

The factors that dispose to the choice between manic-depressive and paranoid reactions to the primal scene do not come within the purview of the present survey; presumably the determinants include the constitution and earliest fixation points in personality development. The subject of our study includes the recognition of the regressive elements that are overlooked in some concepts of the psychoses which take into account only pregenital factors or construe œdipal and superego developments in terms of earlier infantile conflicts alone. Moreover, we wish to call attention to the interrelationships of the two major psychoses, which are customarily regarded as discrete disorders whereas they seem rather to reflect a fluctuating balance between two potential reaction types. The mourning of the depressive and the world-

destruction fantasies of the paranoiac, and the elation of the manic as compared to the paranoid world-restitutional tendencies, have intimate links.

Freud's contention that the œdipus complex of the phallic stage constitutes the nucleus of the neuroses holds as well for the psychoses; the primal scene is the consummation of the œdipal period and the climatic turning-point at which the castration threat is experienced. In the glimpse of parental intercourse is embodied the solution to all the perplexities that trouble the developing mind of the child: recognition of the differences in sex, the explanation of pregnancy, the externalization of hitherto vague incest desires, and clarification of the motives for uneasily sensed distrust and hatred of the parents.

This traumatizing experience brings anxiety in its train: a sense of irreparable alienation from the mother and father who forbid the child to participate in their secret intimacy; a fear of punishment for the desire to intrude erotically and aggressively; a materialization of the idea of castration from the inspection of the genitals. The infantile bonds to the parents are shattered and the ensuing regression is a desperate but never completely successful effort to re-establish them by denying the reality of the primal scene. The fundamental significance of this event is recorded in such mythology as the legend of Adam and Eve, who were expelled from the childhood Garden of Eden for their acquisition of sexual knowledge. Similar connotations adhere to the narrative about Œdipus, who blinded himself after solving the riddle of the Sphinx. Symbolically, the boy 'king' is dethroned from his omnipotent command over his mother through his discovery of the prior authority of the father and the secret of his birth. Both Adam and Œdipus must break completely with the past and are cast out into the world to become acquainted with the reality principle and become reconciled to the father's existence on the basis of identification (superego formation).

As Freud came to recognize, the universal 'primal scene' is not necessarily an actual experience but is rather an unconscious construction so invariably demonstrable that he considered it a constitutional heritage. Very important was his observation (the Wolf Man) that this fantasy provides the content of the earliest memories brought to light by analysis—a point with implications that have not been fully evaluated. The inference suggests itself that the primal scene constitutes an irremovable filter through which the past is subsequently admitted to consciousness; its fundamental rôle in the psychic processes would then be understandable. Inasmuch as the superego is the guardian that is set up against the recollection of the primal scene, Freud's early postulate that this institution is the agent of reality testing retains an important element of truth.

Further insight into the reciprocal interplay between depressive and paranoid reactions may be obtained through observations on the compulsive-obsessive mechanisms which, if not identical, are surely closely related to the developmental and recuperative stages of the psychoses. Depression seems to carry further that trend within the compulsive-obsessive conflicts that accepts the charges of guilt and the need for punishment emanating from the superego; paranoia elaborates upon the tendency in the same disorder to achieve fusion of the ego with the parental figures, projecting the bad parts of both, and then evolve a mutually persecutory relationship to these extruded elements.

The compulsive-obsessive mechanisms tend to split thought and affect. Paranoia is unmistakably related to the intellectual element of this neurosis, the doubts of one shading into the suspicions of the other as delusions are invoked to strengthen the defences. The manic-depressive psychoses, with their constricted and frequently obsessive ideation, are more closely linked with the dissociated affects of the milder disturbance. Regression to the oral phase of development reanimates the emotional and motor rather than the intellectual patterns of response. Lewin's studies on elation have illuminated the reciprocal relationships that may exist between symptomatic expressions of earliest infantile and successive later stages of development.

Two cases are presented as a means of examining the inter-relationship of manic-depressive and paranoid processes.

CASE REPORT

Onset of present illness. Harriet R., a thirty-year-old Jewish school teacher with a previous episode of psychotic illness, began to show symptoms of renewed mental disturbance six months after the birth of her second child. She became withdrawn and preoccupied, then increasingly agitated. At night she suffered from insomnia and engaged in various tasks and diversions, such as wrapping

packages fastidiously, with a tendency to give special attention to trivial matters. Her interest turned to religion; she read the Bible zealously and inquired about the history of the different saints. Her husband noticed that her mind dwelt on incidents of the remote past, expecially in early childhood. Psychotherapy and electric shock were instituted; however, the disturbances continued with increasing intensity and hospitalization was required.

Previous history. There was no familial history of mental disorder. The patient was the younger of two children. Relatives could give few details of her early development, but remembered her as a robust, happy, outgoing child, bright and rather indulged by her family. Her relation to her mother was often marked by tension; stronger attachments existed between the girl and her father. She was also passionately attached to her elder brother. Harriet's warm and friendly disposition always enabled her to establish friendships readily outside the family circle.

According to information obtained from the patient herself during hospitalization, she was seduced at the age of four by a half-witted boy. She had manifested no resistance—a circumstance which in later years was the occasion for repeated reproaches from her mother. During her childhood, she was also abused sexually by a boarder in her home. Her social development and school record were otherwise normal. The menstrual history was uneventful. At one time during her adolescence she worked for a brief period, during which she submitted to the advances of her employer and also of two fellow employees.

Harriet arranged her college studies so that she was able to keep house for her adored elder brother. Shortly before graduation, she abruptly discontinued her studies and left home because of disappointment in a love affair. Later, after she resumed her education, she was courted by a young man distantly related to her. At first she met his overtures with indifference. However, after accidentally pushing him against a dangerous machine, with a subsequent permanent mutilation of his right arm, she agreed to live with him but refused to marry for several years. A pregnancy during this period was terminated by abortion.

At the instigation of an older man who had developed an interest in her, Harriet sought to flee from the liaison she had established. Immediately thereafter, her first psychotic episode occurred and she was institutionalized for five months. The following year she became pregnant again, following resumption of her affair with her lover, and at last agreed to marry him. Six months after the birth of a second child some years later, the present illness began. Both attacks of mental disturbance were similar; during the intervening period of seven years, the patient was vigorous and apparently happy. Her sexual life was satisfactory, although she often found difficulty in achieving orgasm. According to her husband, she seemed to ignore or make no allowance for handicaps arising from his physical mutilation.

Course of present illness. While under observation in the hospital, the most striking symptomatology of the patient suggested a manic disorder. She was in a good state of nutrition, over-active, flippant, facetious and full of pranks. She told coarse jokes and frequently used obscenities; sexual advances were made to men whom she encountered. Mental examinations confirmed the predominant manic psychopathology. Flight of ideas and humorous punning were noted; after distinguishing a bow-tie on a Rorschach test card (a common response), she went on in rapid association to comment that ' it could be b-e-a-u or b-o-w; it could be tie or knot.' Her drawings of female figures were expansive and overinflated; one sketch, which she described as ' an Indian maiden—not maimed ', was profusely adorned with unmistakably phallic feathers and led to associations about her son taking part in an Indian dance.

In contrast to the exuberant females, she depicted men as flaccid and weak; one was clad only in a wrist-watch (female genital?) which was drawn oversized and with conspicuous detail. Drawings and verbal responses showed preoccupation with and confusion over sexual anatomy; psychologically there was close affinity of genital with anal and urinary functions. Strong menstrual and castration anxieties were indicated; the patient wished to repudiate her feminine rôle. She asked whether women had wet dreams and revealed that she derived masturbatory satisfaction from playing with the nipples of her breasts but not from her genitals. With her dread of castration was linked a horror of circumcision (her son, the maimed Indian) and of Jewishness; a need to disown and project these elements played a part in her delusional formations.

Fluctuations in the patient's moods were prominent. If restrained, she became enraged and struggled, cursing furiously. At other times, however, there were spontaneous lapses into withdrawn or depressed states accompanied by paranoid and obsessive tendencies. She would collect odd bits of paper, bread crusts, gauze, etc., and preserve them in a box. She nearly always had toilet paper in her pocket. There was an exaggerated concern for cleanliness; she would insist on washing her feet in a basin; in one of her manic phases, she named three deodorants in rapid succession while she was drawing the picture of an armpit. Sometimes she complained of strange odours emanating from the radiator—urine, ether, talcum powder. She also reported obscene words broadcast by the radio (f—k), while protesting that she never heard such language at home.

Hypochondriacal tendencies were manifested in the form of bizarre sensations, as if she were being ' stuck with needles or placed in a position like Jesus on the cross '. Paranoid delusions crystallized about these sensations; she compared herself more definitely with Christ and also with Joan of Arc. She would speak of an unbearable martyrdom which she was forced to undergo; people were hypnotizing her and influencing her in strange ways. In more depressed moods, she felt that her sufferings were a punishment being inflicted by God for her sins; she believed at times that her illness had been precipitated by the abortion she had permitted, or by her responsibility for the maiming of her husband. Weeping over her wrongdoings, she experienced a sense of relief when she was ' forgiven ' by another woman on the ward with delusions of being Christ; nevertheless, she recognized that this ' saviour ' was mentally ill.

Comment. Interrelationships between the different forms of mental disturbance under discussion may be traced with unusual clarity in this case. The onset of the illness was marked by an intense defence against a breakthrough of impulses. The reaction formations and obsessive preoccupations indicated the use of compulsive-obsessive defence mechanisms.

The illness of the patient was not contained by this symptomatology but became intensified; with further deterioration, there was an emergence of manic-depressive and paranoid features. Where the obsessional phase had warded off the feelings of guilt, self-reproaches entered into consciousness in the depression and became explicit. The patient attributed her sufferings to divine retribution for her part in bringing injuries upon the bodies of her husband, her unborn child, and herself. With the development of paranoid trends, however, she pictured herself as immobilized (Jesus on the cross, Joan of Arc at the stake) while tortures were inflicted upon her by external forces. Further insight into the dynamics of these relationships is gained from the relief of guilt experienced when, in her depressed condition, she was ' forgiven ' by ' Christ ' in the form of another patient. Two aspects of the same personality were portrayed in this scene; the paranoiac, persecuted by others or voluntarily assuming their transgressions, need not regard her torments as a merited punishment.

The underlying unconscious conflicts of the patient may be outlined from the clinical and psychological test data. The manic phase, in particular, provides evidence of fixation on the early œdipal level of the girl's development, with strong penis envy and refusal to accept a feminine rôle dependent upon castration. The seduction (real or imaginary?) at the age of four coincides with the sexual fantasies of this period of life; thereafter there is a repetitive pattern in which the patient again and again ' permits ' herself to be abused by men. As Karl Abraham (1907) and Phyllis Greenacre (1950) have pointed out, such repeated seductions indicate an active participation by the ' victim ', and this is confirmed by the patient's account of reproaches from her mother for not opposing the advances made by the half-witted boy. She clearly undertook the initiative in the experiences of her later years. Her aims in these affairs were ambivalent; there was a strongly sadistic desire to wrest the penis from the male partner and thus to undo the traumas of femininity. The man whom she mutilated in her unconscious would then become the focus of conflicting drives which both attracted and repelled her in the relationship; perhaps the ' half-witted ' boy was already the prototype of the injured male.

Such factors cemented the bonds to the man whom she crippled and married; his injured limb served as a symbol of her triumph and a reminder of her need to do penance. On this basis she could accept the position of a wife, with subsequent pregnancy and a child compensating for the renunciation of the penis. In the symptoms of an obsessional nature which she developed, her defences against the loss of part of the body impelled her to hoarding and carrying with her scraps of discarded material —thus satisfying on various levels the pregnancy, penis-acquirng and excrement-retentive desires. These acquisitive tendencies are intensified and a source of guilt in depressions, where they represent the introjection of the mother.

In the paranoid phase, a renunciation of the bodily contents reverses the relationship to the coveted objects. The complaints of bodily odours emanating from the radator indicate a psychological detachment from and projection of the genitals which, as Tausk (1919) has shown, then became perceived as an external influencing machine. This trend, which was also manifested in the delusions about the radio, applies as well to the abortion. A dream of the patient reveals the complicated meaning of the latter event and its ultimate relation to the primal scene.

The dream consisted simply of the sight of a silver cup and spoon lying on her bed; associations contributed to an understanding of these symbols. The dishes had in reality been presented to her husband by the physician who had performed the abortion; the men had long been personal friends. Narration of the dream was attended with grief and self-recriminations; actually, the implications pointed rather to a rape of her body that she was powerless to prevent. The dream work was serving a reparative function in the interests of wish-fulfilment and the relief of guilt; the burden of responsibility for the harm done to herself and the unborn child was being shifted to the men concerned. The still faint movement in this direction became clearer in a later dream which, based on the same elements, portended the development of a manic phase.

The abortion involved conflicts between tendencies to retain or eliminate an introjected object (viz., mother, infant, penis): depressive and paranoid reactions contended in shaping the cup-and-spoon dream, with its oral-phallic symbolism. In the later dream, the patient herself was lying on the bed; at her side was seated a male hospital attendant. Throwing her arms about him, she cried, 'How happy I am that it is really seven o'clock! You can't imagine how long the night has been!'

The 'dishes' evolve into human figures as the manic process relaxes the veil of censorship. The background of the dream permits a still deeper penetration into the underlying mental processes. The patient had been kept in restraint overnight because of increasing excitement. Later she complained bitterly, 'I cried all night and the nurse did not come. I could not get the bedpan; I voided in bed. Without faith in God, I would never have survived. I sang to comfort myself.' Now the abortion is clearly portrayed as an outrage inflicted upon the woman; the memory of an earlier stage is conjured up to prove that the patient is the abandoned child, not the cruel mother. Moreover, in her distress she retains and identifies with the image of the good mother. The singing represents a magic substitution (lullaby, crying as a magic invocation of the mother's return?); moreover, it is a link to the beloved older brother, who was a singer. The suffering child becomes the suffering mother (superego), for she is in labour; the crime of abortion will be undone in the act of childbirth. Faith in God has returned; the 'bad father' (abortionist) is being replaced by a good father (the helpful ward attendant).

Voiding is childbirth and the product is the beloved male: brother-father-lover; moreover, the newborn infant is the patient herself with her penis envy resolved through identification with her offspring. The night (illness, depression) turns into day (health, elation) and the transformation is sealed with an ecstatic embrace characteristic of the oceanic feeling which accompanies the union of all elements that have been contending within the ego. Actually, the same embrace represents a re-enactment of the primal scene which in this form is returning from the repressed. The trauma has been repaired and the patient is able to accept femininity on the genital level through faith in the masculine God.

Two of the patient's delusional trends during the manic episode complement our insight into the stages of this transformation. In her paranoid phase, the Christ and Joan of Arc identifications, foreshadowed by an interest in the lives of the saints at the outset of the illness, represented the idea that her body was being assaulted and that she was not at fault. The Christianity which she incidentally assumed was complemented by a renunciation and projection of her Jewishness. In a manic period, she claimed that she was Queen Esther, the rescuer (mother) of the Jews, thus reintegrating her personality; simultaneously she accepted an omnipotent feminine superego in the shape of the life-giving mother. An intermediate stage between the two contrasting identifications as Christ and Esther was furnished by her identification with the 'Indian maiden—not maimed'. The phallic-aggressive connotations of this fantasy marked restorations within the ego and were supplemented by simultaneous drawings of men as weak and feminine. The Indian maiden was neither Christian nor Jewish; she represented a resurgence against the self-destructive drives of depression and paranoia. Her power was based upon a denial mechanism (Lewin)—she was not maimed; in the full upswing of the manic phase she was transformed into the more triumphant and all-inclusive symbol of Esther.

The transition from night to day in the second dream has still another vital meaning; the defence against voyeurism that marked the turning away from the primal scene is now abolished. The figures that might previously be represented only in symbolic distortion as dish and spoon are permitted to resume their original form. The course of events is like the lifting of a spell in a fairy tale; actually, this dream is a re-embodiment of the stories of Snow-White and of the Sleeping Beauty.

The clinical course of the patient's disorder was closely associated with these problems. The first breakdown followed her inability to take upon herself the rôle of wife and mother. Only after she had injured her lover could she sufficiently overcome her penis envy to accept him as her mate—but still not as her husband; the abortion provided another escape from femininity. When she sought to recover freedom of action by leaving this man, the bonds of guilt and identification that tied her to him were found to be too strong to be dissolved except by an intolerable split within the ego. The destructive attack on her lover's body had led to his introjection within herself as a superego figure. The psychosis brought about a working through of the conflicts in the sense of the second dream; she emerged from her illness to marry and bear a male child.

For some time, this adjustment proved satisfactory. The birth of the second child, a daughter, reproduced the set-up that had existed in the patient's own home; ensuing difficulties in accepting identification with the daughter were enhanced by the death some time previously of the mother. Guilt and anxiety were experienced through both aspects of the mother-child relationship. Reactivation of the earlier conflicts unsettled the essentially unstable equilibrium of this personality, which was so strongly disposed to psychotic reaction types.

The path of recovery from depression may involve an undoing of the disapproved act—viz., in mania, the restoration of the destroyed object; a

turning of reproaches from the self to the object (the manic as persecutor); or an intermediate stage in which reproaches pass between the ego and the object (paranoid). Transitional phases often show a mixture of such trends. Unusual sensitivity to criticism has been remarked in all three types, reflecting the precarious and changing balance between ego and superego. Mildly excentric character traits in apparently normal individuals frequently prove to be residues and detonators of psychotic reactions. Such intermediate phenomena may be observed in a second case with manic, depressive and paranoid symptoms.

CASE REPORT

Onset of present illness. Henry L., a sixty-year-old Swedish carpenter with a previous history of institutionalization for a mental disorder, was hospitalized after a fracas with his sister's family, which ended in a police station. The background of this episode was established through interviews with the persons concerned. Mr. L. had just been discharged from a hospital following an attack of influenza. In need of funds, he had visited his sister, a fifty-one-year-old woman, who offered him only a small loan instead of the larger sum he demanded. At first no difficulties ensued, but when the nephew returned and quarrelled with his mother over a personal matter, Mr. L. intervened on the side of the younger man. Becoming heated, he accused the sister of neglecting and envying him since childhood; ultimately his behaviour was so disturbed that he was ejected from the house. Thereupon he went to a police station and reported that he had been hired to work in his sister's apartment (he did not disclose the familial relationship) and had been dismissed without the requisite payment. An investigation resulted and the hospitalization of the patient followed.

Previous history. Little could be learned of the early developmental history. The patient seems to have been well adjusted until the death of his first wife some ten years previously. He was diligent and conscientious in his work, considerate in his personal relationships with his wife, daughter (now married), relatives, and friends. A tendency to be domineering and intolerant of criticism was described; notable, too, was a peculiar habit of undertaking to work for less than the customary rates of his competitors; then, after completing the job, demanding an excessive sum and becoming violently abusive if it were not forthcoming (compare the reactions in his sister's home).

After the death of his wife, the patient remarried. The second Mrs. L. appears to have been less maternal and financially more demanding than her predecessor. Mr. L. in turn began to make accusations against her which reached delusional proportions. He maintained that she was working in the interests of other men to swindle him of his money. He began to spy on her to see if he could trap her in adultery. Finally he became convinced that she was trying to poison him and locked her out of the home. His institutionalization followed arrest for frauds which, on investigation, were found to result from defective insight and confused feelings. For example, he declined to pay for an automobile purchased by his wife; at the same time, he also refused, unreasonably, to return the car to the agency from which it was obtained. At one point, during his altercations with his wife, he made a suicidal attempt.

After institutionalization for a period of four months, Mr. L. was discharged with a diagnosis of paranoia. In the following interval of eight years, he was subject to depressed moods in which he spoke of his worthlessness and uselessness. Typically, these episodes would occur in the spring, end with a 'cold', and be followed by spells of exuberance during which he spent money senselessly. Thereafter he would settle down to his regular work routines, the only noticeable change in personality being an increased disposition to find fault with others for any difficulty that arose. He remained estranged from his wife but otherwise maintained normal relations with his family and friends.

Course of present illness. The mental status showed the patient well oriented and with normal intellectual functions. However, he was overtalkative, rambling and sometimes irrelevant in speech, distractable and emotionally unstable. His affects fluctuated readily between expansiveness and depression. He seemed to find interviews highly enjoyable for the attention they brought. Before a large audience, he became histrionic, sang snatches of obscene songs and danced for their entertainment. Mood shifts, however, were sudden, and he would plunge into tearful complaints and apologies.

He boasted of his acquaintanceship among gangsters, and indicated that he could readily disclose the hiding-place of vast quantities of narcotics (wide publicity was being accorded to a crime investigation at the time). Referring to the recent troubles with his sister, he insisted that she kept 'thousands of dollars' concealed about her person. He felt all the more justified in demanding her assistance because the date of his visit to her home had also been his birthday. L. lamented that his family had deserted him, and declared they were out to 'get' him, but did not show clear-cut or systematized persecutory ideas.

Projective tests revealed a preoccupation with crude sexuality, along with ostentatious claims to an impressive masculinity. Nevertheless, the associations pointed to a lurking sense of impaired potency (as in a Rorschach response about two bears that were seeking to climb into a cave but were finding the way too steep). He also declared that if ever he should lose his sexual powers, he

would kill himself. While drawing an image of himself, he mused aloud: 'He takes abuse from everybody and everybody takes advantage of him. But when he feels good, he gets even. He'll screw his own friend's wife.' Then, with a burst of euphoria, he shifted toward the first person and proclaimed, 'He's a free man, single, and up in the mountains he is breathing fresh air and saying, I'm free! I'm free!"

L. showed little insight into his illness; of interest was the fact that the patient's family had retained good relations with the wife he had denounced. Observation in the hospital led to a diagnosis of manic-depressive psychosis, based on the affective disturbances, flight of ideas, distractability, history of repetitive cycles of mood swings and absence of systematized persecutory delusions.

Comment. A differentiation between the outwardly directed reproaches of the manic-depressive psychoses and paranoid persecutory ideas is not always readily established; moreover gradations of a clinical and dynamic nature link the two disorders. The manic-depressive renews a suppressed hostility to the object after expelling it from his own ego organization; the paranoiac's reproaches are in great part not really directed at the object but represent defences against his own projected desires.

In the case of the house-painter, the basic motivation follows a formula, 'I will earn your love by my great efforts'. So long as his first wife lived, this bargain was maintained by reality testing: in exchange for sexual and financial potency, a maternal affection was forthcoming. Hints of the direction that a regressive trend would take were provided by the eccentricity of blackmailing customers whose orders (love) were forthcoming on the basis of an undervaluation of his work. This ritual was a remnant of an earlier and more sadistic relationship to the love object (milk in exchange for fæces) which had been neutralized in the course of attaining the genital stage of development. Suppressed in this process was the resentment over the need to recompense the mother by sacrifice of anal erotism for the oral satisfactions which were regarded as a natural prerogative.

L.'s adjustment was disturbed by two developments during middle age. Diminished potency threatened his ability to uphold his side of the unconscious bargain and also disposed towards regression to pregenital sources of instinctual pleasure. Moreover, the substitution of a demanding for a maternal wife further threatened the already precarious equilibrium. The symptomatology of the first psychotic break was predominantly paranoid as the patient sought to maintain his formula. His own failing potency was denied; the demands of the wife were exaggerated and proved unreasonable; furthermore, by projection, she was accused of his own unsatisfied cravings. In regression from the genital to the phallic stage, the œdipal conflicts were renewed and the patient was convinced that the wife was turning for her satisfactions to other men. His awareness of diminished virility strengthened latent homosexual trends which, with further regression to anal conflicts, assumed a paranoid picture. When his wife obtained an automobile which he could not afford (phallus), he obstinately kept it for himself. Defences against such fantasies led, on the oral level, to fears that she would poison him.

After separation from his wife and relief from the demands made upon him as well as from demonstration of his own failing powers, the patient seems to have become stabilized on a more narcissistic plane; his sexual drives were canalized into masturbation. The image of the lost good wife (mother) now re-emerged in his mind and inspired mourning reactions, probably reinforced by guilt over the hostility displayed during the paranoid episode. Periods of penance (illness) were followed by mild manic reactions (rebirth; restoration of the mother) wherein the renewed potency was symbolized by expenditures of money since genuine sexual expressions were not possible. Lewin (1932) also observed in hypomania a denial of phallic insufficiency represented in pregenital reactions to the primal scene.

In the final pre-psychotic episode, such a cycle was initiated by the hospitalization for illness. The ensuing manic upswing, strengthened by the coincidence of the patient's birthday, led him to demand a large amount of money from his sister (incest). Her refusal unhinged his denial mechanisms and a paranoid defence was invoked, just as had been the case when he first experienced the refusals of his second wife to act maternally. Invoking the support of the police (superego, paternal potency) he attempted to coerce the sister to reenact with him the primal scene; his feeling of identification with the father made this permissible. The refusal of the police to support this delusion was met by a renewed manic upswing which relieved his anxiety. 'He takes abuse from everybody . . . but when he feels good, he gets even . . . he'll screw his own friend's wife . . . he is a free man, single, and in the mountains he is breathing fresh air.' So the sense of abandonment arising from the primal scene trauma was converted from a proof of guilt (depression) or of mistreatment (paranoia) to an occasion for elation and a feeling of omnipotence (mania).

Summary of Conclusions

1. Clinical and dynamic relationships between manic-depressive and paranoid states are pointed out and discussed.

2. Compulsive-obsessive mechanisms, which often form a transient stage in the development

and recovery phases of both psychoses, provide the opportunity for study of conflicting manic, depressive, and paranoid trends.

3. The rôle of the primal scene, as resolved by different types of reaction, is demonstrated as an important factor in determining the symptomatology of the various disorders. The meaning of this crucial psychic experience is assessed from the standpoint of the œdipal drives, castration anxiety, and superego formation. Regressive defences against voyeurism, as set in motion by the trauma, are especially significant in ensuing disturbances of reality testing and superego structure.

4. Freud's observations on the primal scene as the earliest infantile recollection and on the ego-ideal as the institution of reality-testing, are re-examined in terms of these findings. The contention that the phallic œdipus complex constitutes the nucleus of the neuroses applies to the psychoses as well.

5. Two cases are presented and analysed. The admixture of obsessive paranoid, manic, and depressive features provides insight into the clinical and dynamic relationships of these conditions.

(Received July 15, 1951)

BIBLIOGRAPHY

ABRAHAM, KARL (1907). *The Experiencing of Sexual Traumas as a Form of Sexual Activity.* Selected Papers. London: Hogarth Press, 1942.

BRUNSWICK, RUTH M. (1928). *A Supplement to Freud's 'History of an Infantile Neurosis.'* The Psychoanalytic Reader, **1.** New York: Int. Universities Press, 1948.

DEUTSCH, HELENE. 'Zur Psychologie der manisch-depressiven Zustände', *Int. Zeitschrift f. Psychoanalyse*, **19,** 1933.

FREUD, SIGM. *From the History of an Infantile Neurosis.* Coll. Papers, **3.** London: Hogarth Press, 1933.

—— (1912). *A Case of Paranoia running counter to the Psychoanalytical Theory of the Disease.* Coll. Papers, **2.** London: Hogarth Press, 1946.

—— *New Introductory Lectures on Psychoanalysis.* New York: W. W. Norton & Co. 1933.

GREENACRE, PHYLLIS. 'The Prepuberty Trauma in Girls', *Psychoanal. Quarterly*, **19,** 1950.

KLEIN, MELANIE (1935). 'A Contribution to the Psychogenesis of Manic-Depressive States', *Contributions to Psychoanalysis, 1921-1945.* London: Hogarth Press, 1948.

LEWIN, BERTRAM. 'Analysis and Structure of a Transient Hypomania', *Psychoanal. Quarterly*, **1,** 1932.

—— *Psychoanalysis of Elation.* New York: W. W. Norton & Co., 1950.

NUNBERG, HERMAN (1921). *The Course of the Libidinal Conflict in a Case of Schizophrenia.* Practice and Theory of Psychoanalysis (A Collection of Essays). New York: Ment. and Nerv. Dis. Monographs, No. 74, 1948.

—— (1938). *Homosexuality, Magic and Aggression.* Ibid.

RADO, SANDOR. 'Psychodynamics of Depression', *Psychosomatic Medicine*, **13,** 1951.

TAUSK, VICTOR (1919). *On the Origin of the 'Influencing Machine' in Schizophrenia.* The Psychoanalytic Reader, **1.** New York: Int. Universities Press, 1948.

WEISS, EDOARDO. 'Clinical Aspects of Depression', *Psychoanal. Quarterly*, **13,** 1944.

THE ANALYSIS OF A DOLL PHOBIA[1]

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I

From the complex fabric of a case, only material relevant to the patient's phobia for dolls will be extracted. This too will, of necessity, be much condensed, and only the main streams indicated. The phobic symptom was greatly overdetermined, which accounted for its tenacity and long duration. The doll can be pictured as the hub of a wheel. From the hub there radiate outwards numerous spokes, each representing an origin, a motive, a cause, or an historical determinant feeding into the hub doll. The various spokes also have interconnecting links, in irregular fashion, joining the various parts together into a network.

The phobia had existed for as long as the patient could remember, at least from his fifth year. What finally brought him into analysis at the age of 38 was an article in *Life* magazine to the effect that the age for analysis was up to forty. The patient, who had considered treatment on and off for many years, was finally confronted with a deadline. At 38, figuring a few years for the analysis, he could just make it. This turned out, as could be predicted, to be a deep-rooted character trait of his.

It was interesting, through the eyes of a man who feared them, to discover how ubiquitous dolls are in our culture. When one chooses an object for a phobia, he in a sense becomes married to the object. In order to avoid it, his eyes seek it out. He finds it in obscure places, he sees it with his peripheral vision. The patient was afraid of any kind of three-dimensional figure, of dolls with which children play, of manikins, of window-dummies used for display purposes, of puppets, of pieces of sculpture, of various *objets d'art* in the form of figurines. An ash-tray or a lamp base might be carved as a figure, a bar of soap might be fashioned in the form of a little animal. Any such object was a threat, was his enemy, and provoked anxiety.

Gradually certain conditions or qualifying characteristics emerged which were of special importance, and which determined where in the scale of its ability to frighten a certain object stood. Some of these qualities or attributes were known to the patient from the start, while others crystallized out as the analysis progressed, so that even the symptom became clearer and more defined. Each condition had its specific dynamic meaning and history and became an integral part of the phobia to fulfil an unconscious requirement. To understand each prerequisite was to decipher a code which then acted as an accurate road-sign pointing the way back to specific aspects of the infantile past.

Thus, the material of which the figure was made was important. Porcelain, plaster, china were bad; metal, steel, tin, not so bad. Why? Because the former could break easily, were delicate, fragile, could shatter into small pieces. Metal was less likely to do this; it could dent, or bend, but not so readily break off. Something sticking out from a figure made it especially fearful. An arm or a leg outstretched, or separate little fingers, were bad, because a slight accident could break them off. The more lifelike a figure was, the worse it was; and it was particularly the moment of a figure ' coming to life ' or simulating movement which was the most frightening. From this standpoint rubber was bad, since it was smooth-flowing, regular, lifelike. Celluloid was very bad; it was also lifelike, and when wet it could curl and almost move. Wax figures, which could melt, or soap forms, which could actually change in shape and even disappear, could not be tolerated. A doll with a hollow inside, particularly a hollow head, was worse than a stuffed doll. For if it were shattered, there would be nothing left, just air, just a gaping hole. Maimed, broken, or melted dolls were especially frightening. Surprise was an undesirable element. If he saw what was coming, he could steel himself and meet the emergency. If he came upon a

[1] Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1951.

figure suddenly, he was unnerved. A window between him and a display figure was a protecting screen. To find the same figure in the open, as on the floor of a store, made him feel defenceless. To look at the doll was bad enough; to touch or be touched by it was frightening to conceive; to have it rub against his arm, even in thought, was enough to cause sweating and near panic. Human dolls were worse than animal ones; female ones worse than males; juvenile ones worse than adult; nude dolls worse than clothed ones.

Some of the recent technologically successful doll creations, such as the Baby Coo, Di-Dee-Doll (you feed it water and it wets), Betsy-Wetsy, etc., were anathema to him. Once, shortly after his marriage, while shopping with his wife in a department store, he stepped out of a lift into the toy department, where he was suddenly confronted by what seemed to him row after row of toy models, masks, grimacing faces, moving and pointing figures, etc. He felt weak and sick, grabbed his wife's arm and fortunately was able to make a hasty exit.

There will now be given some brief pertinent background data for a general orientation, following which the various individual etiological streams or spokes will be traced longitudinally through the life history of the patient. Both parents are now in their eighties, and live in an Eastern city where the patient was born. The mother is American-born, always spoke well, was beautiful, red-headed, refined, calm, sweet; the patient was always proud of her. The father is foreign-born, spoke with a foreign accent, was always sentimental and sloppy; his eyes watered in the movies or when he swelled with pride; he was explosive, outspoken, unrefined; the patient was always ashamed of and guilty towards him. Only in recent years did the patient's opinion of his parents reverse; he then considered his mother empty, vacuous, shallow, ignorant; and his father shrewd, intelligent and a good judge. There is a sister, seven years his senior, the only living sibling. In addition, before the patient was born, the parents lost a little girl, aged three, of meningitis. The mother is said never to have smiled during her pregnancy with the patient. The birth of a boy was a disappointment to her; but the father cried at the birth of his son, and announced, ' All Philadelphia is mine '. The mother kept him in long curls and frocks until three and a half to four. At four and a half his father went bankrupt and their economic condition took a deep decline.

At the time he began analysis the patient was 38, married, and had one son aged seven. In addition to the phobia, another presenting complaint was the existence of chronic severe marital difficulties; they had separated four to five times, had talked of divorce; the patient had a long series of extramarital involvements. Since their marriage they have lived with the patient's mother-in-law, in a house owned by the latter. This arrangement made for much friction and irritation to the patient, but in spite of his constant complaints he always found excuses for not altering the situation. A brief description of the patient: he is personable, affable, and in appearance makes a favourable impression. He speaks in a deep, resonant voice which often provokes comments about its very masculine quality. He is fluent, witty, superficially aggressive and forward. His occupation: statistical analyst; he works at ' figures ', at which he is considered unusually proficient. He has always been adept with figures, was always first in mathematics at school, and has numerous systems with which to perform complicated figuring instantaneously in his head.

The patient is now finishing his third year of analysis, with consistent attendance except for the usual vacations, for a total of somewhat over 700 hours. The results and changes up to this time will be given below.

II

The dynamic meanings of the phobia and the substructure from which the symptom sprang and into which its roots extended, gradually evolved during the course of the analysis. Pieces of this structure were forthcoming from many different directions, such as the content of the free associations, the patient's daily activities, his character structure, his dreams, his fantasies, the transference, even his motor activities on the couch, etc. It is understood that what follows is a composite picture.

Very early there poured out his enormous guilt and conflict regarding masturbation, which always was and still is his chief form of sexual activity and gratification. Along with the phobia, this had always been his most carefully guarded secret. Any reference to the subject in his presence, in company or when ' out with the boys ', created severe anxiety, the same as that produced by the phobia, so that he would

quickly and deftly change the subject. One of his earliest memories was at the age of four, his mother and his aunt telling him to take his hands out of his pockets. This aunt was gentle, delicate, soft-spoken, pretty, looked ' like a doll '. At age four to five, a very significant and oft-repeated memory related to a glass curio cabinet which contained their good Dresden china, fragile and breakable: his mother would warn him, ' Don't touch, it will break '. At about the same period, his father, holding the boy in his arms, would playfully bring the patient's hand towards a bas-relief hanging on the wall, then snap it back with ' Cootchi-coo—mustn't touch '. The path for displacement was thus laid down, and the nuclear idea for the phobia was born. ' Don't touch ' was projected outward, displaced from the body to the external world. Instead of not touching the penis, he would not touch the china, the bas-relief, eventually the doll. The return of the repressed is seen in the choice of object. The doll, though inanimate, is again the human body. The doll is his penis, not to be touched.

The patient prided himself on being a stickler for authority. Particularly towards scientists and doctors: if it were prescribed that he take a medicine at 10-2-4-6, he would not deviate a minute from the prescribed time, since that would nullify its effectiveness; he ascribed magical power to the dictates and advice of ' big people '. But this seeming obedience was a sham; he obeyed in small things strictly, in order to break the big rule brashly. ' I will carry out conscientiously all your edicts, except, please, I will masturbate '. The reaction-formation nature of this character trait was demonstrated by his consistent breaking of the analytic rules.

The glass protecting the Dresden china makes its appearance later in its derivative, the store window between him and the display dummy.

The ' it will break ' half of these early warnings ushers in a very central chapter in the entire analysis, that of castration, the punishment feared for the forbidden act. The castration theme made its appearance on every front, but insight into it, and still more emotional acceptance of it and working through, was a slow, deliberate and plodding process, beset with resistances of the strongest type. A remark was made to the patient, aged about six, that someone, in taking a handkerchief out of his pocket, dropped a dollar bill. The patient, since then, looks behind him whenever he takes something out of his pocket, to make sure nothing has dropped out. He cannot leave anything incomplete or dangling. When, in reading, he comes to the end of a sentence, or paragraph, or page, he must say to himself ' period, end, finish ', before he can go on, to make sure he has left nothing out, or left no opening, or that it's all there, rounded, closed, and smooth. One of the earliest remembered instances of his present phobia occurred at age five. Sitting in the bathtub he was playing in the water with a small celluloid toy fish, when the latter suddenly suffered a hole in it, swung around and hissed in the water. The little boy was frightened. In recalling this, the patient first tried to pass it off as a meaningless, normal childhood fear, but soon saw its connections with his present symptom. The following events were temporally related to this incident and made its meaning clear:

(1) Being told, ' Don't play with fire or you will pee in bed '.

(2) Standing outdoors at night with his mother and father watching the huge fire of a near-by celluloid factory. He remembered the general tension and anxiety, but more specifically recalled his parents' fears, and then of course his own, that the factory might explode. These background events enable us to translate his bathtub experience. He had not heeded the warning, he did play with fire, i.e. sexual heat and excitement (the identity of fire, heat, sexual excitement was clearly brought out in a number of dreams); the penis on fire did explode, castration did occur. The swishing fish, forerunner of the doll, was the peeing penis, detached from the boy and floating away. Note the quality celluloid, in both factory and figure. The sudden movement, the swish, and the lifelike quality reversed the process of projection. By threatening to bring the mechanical figure back to life, it stripped the symbol of its disguise, thereby provoking anxiety. Connected with this is the following dream:

' I am in a bathtub. I have an erection and touch it. I show it to my wife, who wants to take a picture of it. Then my penis is detached, floating around. But I tell myself it is nothing, as this always happens.' The wife-mother has seen the forbidden erection, and castration has resulted. But the patient reassures himself,

'It is nothing.' The doll which is avoided is the detached penis, an unwelcome reminder of castration.

The presence of a strong anal component may already be suspected (reference to money above, the dollar bill, the compulsive ritual, the water, etc.). The patient looks at the toilet water compulsively to examine what flushes down. In fact, the following additional historical segment formed another sturdy base for the developing neurotic structure to lean upon. At the age of three, the patient had a convulsion, which was diagnosed by the doctor who 'saved his life' as having been due to constipation from eating too many biscuits. There is a vague memory, or perhaps he was told this later, of awakening from this convulsion on a rubber pad; he connects this rubber with the element of rubber in his phobia. To prevent a recurrence, his mother, on the doctor's advice, instituted treatment by enemas. From age three to four and a half, the patient received a daily enema from his mother. For a long time in the analysis he recalled only the discomfort and pain of this period, but then, after analysis of certain recurring anal behaviour and characteristics, he remembered how, in the latency period, he had purposely 'held it in', in order to induce his mother to administer an enema. He remembered and realized the pleasure of the retention, of the manipulation and attention by his mother, of the increasing tension by the water almost to the bursting point, and then the explosive expulsion. The phallic mother, the mother with the enema tip, the castrating woman, the woman who came in and took it out of him, became a dominant point of fixation in his sexual life. She became the ambivalently loved and hated object, the one most feared, and yet, by the repetition compulsion, a *sine qua non* of his sexual attainment. Anal eroticism and anal threat became blended and highly developed. The possibility of real damage during this period was reinforced when one day the mother, in her haste to get the patient to the bathroom, fell and broke her ankle. The patient considered it his fault and feared retaliation. Some years later, he had a wish that his sister should be permanently crippled. A few hours later, he fell and broke his arm. He considered this a direct punishment for his hostile wish. In later years, he stubbed his toes and injured his fingers at every turn. He did it to himself, to prevent an outside person from doing it to him.

Through most of his adult years, and until analysis, the patient suffered from recurrent alternating diarrhœa and constipation, and carefully correlated every vagary in his bowel habits with what he had eaten. His senior business partner, with whom there existed a close and telling relationship throughout the entire analysis, a relationship which served as a barometer of what was happening to the patient, was a man with chronic ulcerative colitis. An 'extra long good bowel movement' often made the patient late, and sometimes he would 'please' the analyst by giving it up at home, coming on time and doing it verbally, on the couch. Money, and time, were subjects of great preoccupation; they were treated as erratically, and with as much alternation in attitudes, as were his fæcal contents. The connection between the two became clear to him by such associations as his concern over the 'gold dust' on his shorts. He constantly argued about the fee, and about wanting time off for various reasons. He would frequently estimate what his annual income was going to be, and would 'warn' the analyst of impending disaster. He was chagrined when his income doubled after the first year of analysis. He pictured the analyst as an extractor, and in this way he again enjoyed the mother with the enema tip. He counted the change in his pocket every morning and evening, and had to go over his daily transactions to the penny. Gnawing anxiety ensued when anything was missing, and he would spend hours trying to recover the error. When he added long columns of figures or money, he checked them three ways, up, down, and diagonally. Yet he threw away large chunks of analytic time by repeated lateness, and one day impulsively bought a big new convertible. There were certain daily obsessive-compulsive thoughts and actions, a habit of 'getting stuck' on thoughts and being unable to let go, a tendency to procrastination, numerous perfectionistic traits, and yet a piling-up and messiness on his desk.

Castration anxiety caused a regression to a previously strong point of anal fixation and regressively coloured the latter. Each then confirmed and lent strength to the other. The earlier anal experiences made the later phallic castration possibilities more real, and the phallic dangers in turn revived and reinforced the earlier anal threats. The phallus, like the stool earlier, could be removed and broken off. The doll was both. In one dream the doll was

associatively connected with ears of corn covered with brown gravy. In another dream, the patient was trapped in City Hall, to which he associated ' shitty hall ', and which he had entered by the back end. He once, in his work, had visited a window trim company, and was much afraid that in walking through the building towards the office he might suddenly come across a row of manikins lined up in some long dark hallway. The manikins = the stool; lined up in the hallway = in the rectum.

But the patient too was trapped, and he himself seemed to be equated to the doll. The connection patient = his own phallus, and in turn = the doll, came out convincingly from many angles. On the couch he engaged in repeated automatic actions of lovingly stroking and fondling his abdomen, rubbing his hands regularly and rhythmically over the top of his head, stretching and then relaxing his entire body, and accompanying this with a rising crescendo of voice, ending in a violent yawn or sigh and then receding. While this was in part a resistance and a defiance of the analyst, there could be no mistaking its character as a masturbatory substitute and an avenue of libidinal gratification. Interpretation of this to the patient was, after some time, accepted and the behaviour modified. He was using his whole body as a phallus. He would play ten to fifteen sets of tennis in a day, then come in and complain that his body was stiff, and ' My head feels as if it is bloated and swelling up from within.' When a pretty girl passed their office window, all the boys would stand up at attention. This equation, this interchangeability of the whole for one of its parts, is also seen in the symptom: the doll, a whole body, also stands for the penis. The patient = the doll = the penis = the stool.

The doll is a retreat into the mechanical. Reversal of this process, with the mechanical threatening to come to life again, threatens to undo this defence and provokes anxiety. The moment of its coming to life, the most feared, is also the most enjoyed; it is the beginning of the forbidden erection. The patient remembers lying on a couch and bringing about repeated erection and relaxation; it was the start of the erection which gave him the greatest pleasure. In his masturbation he employs ' mechanical contrivances '. The act is a production, lasting one to two hours, usually in the small hours of the morning, while the family is asleep. It takes place in the bathtub (compare the ' fish ' episode above), where the water washes away the guilt. With a wet towel he binds himself tightly like a diaper, sometimes imagining his genital to disappear. He rubs soap bubbles around his anus (mother's soapsuds enema), and with a rubber hose plays a stream of water around his anus or anteriorly. All this is accompanied by looking at pornographic picture books which he has carefully bought and prepared; plus the accompaniment of vivid detailed phantasies.

These phantasies, taken together, are in significance like a crucial repetitive dream; they are condensed, symbolic, and reveal which pregenital and partial impulses are receiving expression. The recurring and fairly constant features are these: The patient is picked up and taken in tow by a dominant, aggressive woman, ' The Queen ', or ' Her Highness ', who then seductively exhibits herself to him. Variable forms of domination are practised on the patient; sometimes he is bound, or blindfolded, or beaten with a whip. His clothes might then be cut off, and he is usually dressed up as a female. The leading lady, or else some of her assistants, then demonstrate to the patient how to seduce a man; oral practices are employed; the patient is supposed to follow suit. Finally fellatio and cunnilingus are performed on each other between the patient and the woman.

The œdipal character of his phallic strivings is evident. The women he chooses, in reality as well as in pictures, are all red-heads. One of his favourite burlesque queens had a name very akin to his mother's. He recalled an early memory of being held in his mother's arms; she had a black lacy veil over her face and smelt of perfume. The patient now will sometimes wear his mother-in-law's black silk panties as a prelude to masturbation. His mother-in-law, from whose roof he cannot move away despite his protestations, occupies a prominent position in his sexual fantasies. He married a second cousin. Many of his fantasies, and a number of his ' affairs ', are within the family. An early sexual fantasy is of a woman completely covered with a tight black garment, with only the genitals and nipple areas exposed. He was strongly impressed and early stimulated sexually by the story of Circe who turned Ulysses' companions into pigs—or by a fairy with a wand who could do magical things. She could make inanimate things come alive, and turn people into inanimate things (= mother with the enema tip, who can make his erection

come to life, but can also turn his penis or stool into a doll; desired and exciting, yet feared and threatening at the same time).

A doll is something which is looked at as well as played with; behind the display window it is an object for exhibition. As such it played a part in connection with the patient's strong scoptophilic impulses. Looking at the lewd pictures comprised a prominent part of the masturbatory foreplay. These pictures were carried in a ' dummy ' folder, i.e. one which presumably contained his work papers. He treated it as ' hot cargo ', as evidence for a crime; he felt anxiety in driving past a policeman when this folder was in the car. What if he should die and this be found among his possessions? His scoptophilic impulses were served in his daily routine; he had arranged his desk near a window where he watched women's legs pass by; he created elaborate phantasies concerning certain ' regulars ' in this passing parade, who subsequently found a way into his masturbatory phantasies as well. This office arrangement ceased during the analysis, cutting down his work day by several hours. (Note his position behind the window, in the place of the usual manikin. The latter is feared because she is looking back.)

When finished with a picture, he has sometimes thrown it down the toilet. Here it might curl when wet and begin to assume a three-dimensional look, provoking great anxiety in the patient. Thus up to a point, an object satisfies impulses, i.e., as long as it is two-dimensional. Beyond that point, i.e. when depth is added, the same object becomes phobic. Among the visual pictures which early attracted him sexually and with which he masturbated were cut-out paper dolls, which his sister, and later he himself, made and played with. Sometimes these too would wave and become lifelike, and would then frighten him. These are a transition between impulse satisfaction and phobia. This connection, that the feared object is at another level desired, was understood in the reverse direction by the patient when, during the course of the analysis, in looking at a manikin one day from afar, he developed an erection.

His voyeurism was an attempt to deny castration. He remembered how once he saw his mother bending over after she had finished on the toilet, and that afterwards he told his grandfather that mother had hair around her behind. The pubic hair was displaced posteriorly, a falsification designed to maintain the illusion that in front there was still something, or that it was hidden under the hair. The patient spoke with warmth and affection of an aunt who, when scolded by his mother for appearing nude in front of the patient, replied casually, ' Oh, it's nothing. All bodies are the same. It's all just skin.' The patient repeated this statement with pride and as authority a number of times. When one day the analyst remarked, ' But it isn't true ', the patient reacted with sincere surprise, and realized how he had never wanted to question the accuracy of this statement.

He looked but he did not allow himself to see. With cunnilingus, in fact and in phantasy, he stopped short of seeing. He was ignorant of the anatomy of the vulva, and had the idea, even into the analysis, that the clitoris was large and was inside, somewhere near the cervix. If there was no penis sticking out, there was still one inside. The analyst remarked how odd it was that the patient, who was a scholarly type and who, being related to doctors, had medical books available, had never looked at a picture in these books to satisfy his unanswered questions. He reacted with astonishment. ' My God. I would move heaven and earth to find a misplaced comma, but would never lift a finger to find out where the clitoris was.' He recalled as a boy, lying on the ground under a woman's skirt, how he had shut his eyes. He had always told himself that this was because he ' was a gentleman ', as compared with his friends. He had almost a fetish-like attitude towards a black silk stocking and a high heel, which was almost equated to woman for him. He would speak of seeing ' a beautiful silk-stockinged leg with a high heel ' walking down the street. He displaced downwards (as well as in other connections upwards); woman was not a castrated being; the high heel was a penis, mechanical again; and under the stocking on the thigh could be hidden a penis. In his sexual phantasies a woman would put her high heel in his face. One day the sudden sight of a man's completely bald head frightened him; it was like the ' sheer nudity ' which he most feared in the doll. Here was the perineum, from front to back, unequivocally exposed, and it was smooth; nothing was sticking out. His eyes were strongly libidinized. On the couch, he rubbed them constantly, with a regular, rhythmical, almost tic-like pattern, which had an automatic and irresistible quality to it. Often the itching of his eyes alternated with itching of the testicles.

The doll was his mother, it was woman, it was the being without a penis. Dolls have no genitals. Female dolls scared him worse than male ones. Hollow dolls were empty, were holes. When a doll was shattered, it was air, it was nothing, it was castrated; it was the female genital. He could not contemplate seeing it; clothing on the doll made it easier.

Exhibitionistic tendencies, the counterpart of his scoptophilia, were also active, and were demonstrable in his general behaviour, his Don Juan attitude towards women, his manner of speaking, his aggressive superiority towards his colleagues, and often a haughty and self-satisfied manner in the analysis. As a corollary to his avoidance of anything associatively connected with castration, there existed, and for the same reason, his need to exhibit in a positive way his still present and undamaged phallus. This too was achieved, characteristically, by displacement, and by the use of his entire body and performance as a substitute for the genital.

In addition to the rôles played by the doll in the service of auto- and hetero-sexuality, it also served a function to the patient in relation to a strong unresolved homosexual conflict. The latter had been able to emerge into consciousness only recently, having previously been kept rigidly repressed, and any allusions to the subject attended with severe anxiety. A brief and transitory reference to his homosexual impulses occurred early in the analysis in conjunction with a dream in which he was chased by a number of men and turned and threw milk into their faces. His associating milk to semen provoked denial and fear on his part, following which the subject disappeared for a long time. Only in recent months, following analysis of his ambivalent relationship to his phallic mother, and in conjunction with a strong positive father transference, have his homosexual impulses and his deep attachment to his sentimental father come into their full light and been faced. From the age of six to eleven, following economic reverses which forced them to move into a smaller apartment, the patient slept with his father, the latter hugging him close from behind. The patient remembered first his shame and guilt regarding this, his reluctance to admit it to his friends, and finally the pleasure he obtained from it. During late latency and early adolescence, there was mutual masturbation and ' touching penises ' with the boys. Much of his present-day behaviour became understandable with the liberation of this phase of his repressed sexuality, which is still taking place and being worked through; such as his proclivity for working late with the boys, his long tennis sessions, his relation to his senior partner, his interest in stag parties, burlesque, etc. Many of his ' heterosexual ' interests and exploits were thinly veiled reactive defences against homosexual impulses. In his sexual phantasies he fought, against obvious pressure, to prevent the appearance of homosexual object choices, which finally did break through on a few occasions. He was afraid that if he allowed them in phantasy they might also occur in fact, as happened with cunnilingus and other phantasies. Belonging in this connection are the following, which can only be mentioned: his strong feminine identification, transvestist tendencies in masturbation and phantasies, oral receptive inclinations, anal erotic practices, and his passive masochistic impulses.

Just as his relationship to the phallic mother was a blend of desire and threat, so too was it in his relation with his father. The feared castrator, heretofore the mother, was now brought out to be the father, in a dream in which ' the patient is playing in a deep valley. A giant, with whiskers like his father, comes threateningly down, chopping trees as he comes.'

The patient's position, rooted in anal ambivalence, poised between hetero- and homosexuality, between active desires for his mother and passive desires for his father (and aggressive mother), and with corresponding inhibitions and fears in both directions, is expressed in the following dream (the detailed associations cannot be gone into):

' My son has a ·22 rifle which he is shooting at his mother. It is just a game. I have a ·30–30 rifle, am behind him, and am also going to shoot it at her. She wants it but I think the shock will be too great. I go to the back door. A man is behind the glass door, and he scares me. I shoot at him. Is he friend or foe? I shouldn't have shot so quickly. But the bullet bounces off the glass and floats lazily away. I want to hit the man with the gun. I awake screaming with fear.'

Here the doll behind the glass is a man, the homosexually desired father. The doll is not only his own penis, it is also another man's penis, his father's penis, the penis homosexually desired and therefore feared.

Connected with this is the fact: girls, not boys, play with dolls. His interest in the phobic object betrays, and his avoidance of the doll denies, his passive feminine orientation. ' Why can I not stand to see a little girl's doll melt away? ' he once asked. Because the little girl's phantasied penis must remain intact. In this connection we recall the sister who died before the patient was born and whom he replaced. She was always said to have looked ' like a little wax doll '. If she had lived, said the doctor, she would have been damaged. The patient heard this repeatedly during his early years. The possibility of damage, of castration, even of death, existed then on a ' real ' base. The patient was living in her stead; the same could happen to him; he too could become inanimate, dead, a wax doll, and melt away. (His convulsions, age three.) Or, he could live, and be, like her, feminine, damaged, castrated. His mother furthered this by keeping him in curls and dresses until four.

To recapitulate, this section has described the following main etiological spokes feeding into the central doll at the hub of the wheel: the doll represents, in turn and simultaneously, the patient's own penis, his stool, he himself *in toto*, his mother, woman in general, the female genital, another man's (father's) penis, the sister who died, the little girl's phantasied penis. There are other smaller secondary spokes; and all the spokes interconnect.

III

It is necessary to reaffirm at this time that the preceding material and content did not flow forth in an uninterrupted stream, but rather that the sequence and rate were determined by the specific resistances and defences and how they were dissolved. It is interesting in this connection to note that Freud, in his *Studies in Hysteria* (1895), used an analogy very similar to the main structural analogy of the wheel used in this presentation. Regarding the pathogenic material as stratified in layers of different resistance potential, with the pathogenic nucleus at the core, Freud states that ' the analyst should himself undertake the opening of the inner strata and the advancement in the radial direction, while the patient should take care of the peripheral extension '.

While the phobic symptom, the high degree of symbolic representation, the hyper-sexualization of all activity and the phallic exhibitionism all point to a predominantly hysterical level, the analysis was nevertheless in most respects the analysis of a compulsive character. In line with this, the chief defences were isolation and related mechanisms. The pathogenic early memories and infantile traumata were not long in being remembered, but they were stripped of emotional import, and their intimate connections with the main streams of symptom and character formation were obscured and denied for long periods of time. The patient intellectualized and rationalized freely; he ' knew ' things and adopted them readily, but—they applied chiefly to others, or to himself in theory only, not to be seriously entertained or to be really translated into action. Thinking itself was highly libidinized, and his new-found insights were at first used exhibitionistically and aggressively both in the analysis and in his daily life. He translated into slogans, which on the one hand expressed the point but on the other kept him from getting too close to it. Thus, though he went with a procession of women, his behaviour with them led him to see that ' I am not an intercourser ', a phrase which he then wore out until it lost its meaning. He defended by flippancy, by playing games: ' the œdipus edifice which stands in my way ', or, with reference to the body = phallus material which had been under discussion for some time, he once said, ' If anyone else ever called me a prick as often as you do, I'd get mad.'

Other defences employed by him in his character make-up, as in his analysis, were reaction formation, displacement, and acting out. Even his deep and masculine voice was studied and cultivated; during moments of emotional excitement he would feel that his voice became high-pitched and shrill, which to him was feminine, Jewish, castrated. During one phase of the analysis, much of the libidinal energy was diffused out in rhythmical, automatic, muscular activities on the couch. When this was analysed and worked through, and its substitute character appreciated, it was followed by a more detailed verbalization of the vivid sexual phantasy life. Many of his resistances were intended for impulse gratification as well. He ' did ' his analysis as he treated his impulses. The flow of material was alternately profuse and begrudging, in line with his bowel habits. At times it flooded the analysis, with a torrent of dreams, associations, and recollections; and at other times it was almost completely blocked, by lateness, a few missed hours, or by stretching and yawning on the couch. The

significant material tended to be obscured in a flood of detail. In his masturbation, he liked to go ' past the optimum point ', i.e. beyond the point when he should have had orgasm, then recede, then come up again, and so on many times. He attempted to make the same use of analytic insight and interpretations, i.e. accumulate them ' past the optimum point ', beyond the point where they should have been effective, then let them recede into the background, and then he would be ready for more. This tendency to convert every activity and procedure into an instrument for pregenital impulse satisfaction was a manœuvre which had to be attacked repeatedly to further the analytic work.

Just as a perversion, during the course of analytic therapy, is often first converted into a neurosis, so this patient's neurosis, during the course of therapy, took a temporary turn in the direction of perversion. That is, when, as a result of the analytic process, the strength of his punitive superego was diminished, the repressed polymorphous perverse impulses were able to come forth stronger and more openly. The patient repeatedly expressed the hope to be able to get rid of the phobia but to keep his ' delicious ' masturbation. The quest for satisfaction was seen too in the resistance of seeking transference gratification instead of insight.

The transference had a multiple character, varied in its manifestations, and served both to further insight and to defend against it. It was, as previously described, alternately a mother and a father transference, with ambivalent negative and positive aspects to each. Much of the advancement in the radial direction was achieved by analysis of the vicissitudes of the labile transference relationship. The analyst was reacted to mainly as the phallic mother or the sentimental father. One phase of the transference was a type of cross-identification, where the analyst became the patient and the patient became his own father. Thus, when the patient felt that the analyst was making a particularly poignant or discerning remark or interpretation, his eyes would moisten with pride instead of his absorbing what was being said. He became his father, beaming at his son.

The patient's present status is as follows. The general features, which lie outside the field of our special interest, will just be mentioned. The bowel symptoms cleared up very early, his ritualistic obsessive-compulsive behaviour and symptoms have been greatly modified. His work habits, interpersonal relationships, and use of his time have shown considerable change in the direction of improvement. His marriage is on the road to being solidified. However, genital sexuality has by no means as yet been achieved. While the old neurotic defences and solutions have been altered, pregenitality still predominates in many respects, and progression forward, through an adequate œdipal solution, to genital attainment remains as the work yet to be done.

References to the status of the phobia have been indirect, but for months now all indications point to the fact that the substructure has crumbled and that in large part it is the memory of the phobia which remains. Again and again the patient will allude to what should have been a phobic situation, and will ' confess ' to the absence or only minimal presence of anxiety or fear. But he hastens to find an excuse. There was not enough of a surprise element, or the material of this particular doll was not bad enough, or maybe this one never would have frightened him, etc. He is, in actuality, being conservative, and is only gradually feeling his way into the new world of figures. Once he went with his wife into a fur salon to buy her a fur coat (also a manifestation of the analysis); the only empty seat left for him was one immediately next to and under a manikin standing on the floor. He sat down. But, to the analyst: ' Don't take any credit. It was the only seat I could find.' His mother-in-law has a sewing dummy hanging in her closet. When nobody was looking, the patient went in and stroked it in the dark closet. His wife has saved the bride-and-groom figures from their wedding cake, and recently put them under a glass top in their bedroom; the patient tested himself, touched them, passed the test. At a bar, a prankster bar-tender bent down and came up suddenly with an artificial rubber hand attached over his own, and shook the patient's hand with it. This had all the worst elements in it; the patient was able to laugh it off. He has visited homes with little girls in them, and has allowed himself to be exposed with impunity to their dolls. He recently visited the County Museum. There was a statue of Charles Chaplin, with hands outstretched, and a finger broken off. The patient shook hands with him. There have been numerous other such incidents. Last Hallowe'en, hideous-looking rubber face masks appeared in every drug- and toy-store. The patient expected nightmares of trouble; instead he went through the season quite indifferent.

Phobic patients characteristically are reluctant to put to the test the results of their therapeutic labour, after having long been conditioned to the relationship between phobic object and the outbreak of anxiety. Particularly is this true where the phobia has existed, as in this patient, for virtually a lifetime. Years of such incrustation cannot be shaken off lightly. The patient is now in the process of working through his liberation from the phobic object.

As a final addition, the following bit of clinical data will be offered as pertinent to and an interesting variation of the case under discussion. It has in common with our patient a use of the same object, but for quite different psychic purposes. The same qualities which make the doll suitable to our patient for phobic avoidance, serve in this next example to qualify it as a means of sublimation. A well-known puppeteer makes his living and also satisfies deep inner psychic needs by dolls and puppets. This man is an overt homosexual. The puppet represents his narcissistically highly overvalued penis. His entire life is devoted to making them, dressing them, playing with them, and exhibiting them. He lives in a room next to his prized and successful collection. He can make them male or female, at will; he is enraptured by them. After a performance, the audience is invited backstage to admire them, at which time this man sits on a chair nervously biting his nails, a study in mixed feelings. In him mingle great pride and satisfaction plus gnawing anxiety lest someone cause the slightest damage to his prized possession.

The doll in both these cases is the concentrate of strong feelings and values emanating from the person's unconscious. In the one case, equilibrium is maintained by shunning this concentrated symbol; in the other, he is able to embrace and enjoy it.

A search of the literature failed to reveal any reports of a similar doll or related phobia. However, very relevant to this discussion is the material relating to the doll Olympia, in Hoffmann's story 'The Sand Man', which reappears again in Offenbach's opera *Tales of Hoffmann* and which is described by Freud in his paper, 'The Uncanny'. The following features of the story and Freud's interpretation of it form a bridge to our case: The student Nathaniel is identified with the doll Olympia, whom he loves, and who represents his own feminine counterpart; his love for her is thus a narcissistic one. Nathaniel's father is ambivalently loved and feared; he is the potential castrator. The uncanny effect is considered to be due primarily to the dread of castration. The attention is shifted chiefly to the eyes, to which are displaced the genital interests and fears. The 'Sand Man' removes the eyes of bad little children. The father is in part a mechanician; much of the emotional tone of the story is created by the intellectual uncertainty as to whether the doll is alive or not, whether the inanimate has become animate. The father dies in a chemical explosion. The many similarities with our patient's relation to dolls occur at once. The conflicts within Nathaniel, however, lead not to phobia, but to madness. (*End of prize essay.—Ed.*)

Postscript

It would be of interest to add a brief note to describe the final course and termination of the above analysis. This took place in roughly another year of treatment, at a slightly diminished intensity and frequency. The final work consisted not so much in the discovery or elucidation of new psychodynamic insights, of new spokes in the already complex wheel of causality, but rather in the digestion and working through of those which had already been uncovered, and the addition and delineation of the interconnecting links between the spokes, in a circular rather than in a radial direction.

Thus, as an example, the patient associated one day to the fact that Raggedy Andy dolls were not as bad to him as were stiff ones. He had awakened that morning with a 'stiff erection'; he realized then again, as though for the first time and with sudden conviction, that the doll was equated to an erection. We had been talking for days about the constant and energetic stretching, stiffening and then relaxing of his body which went on during the analytic hours. So the doll, the erection, was his whole body as well. He loved it, he rubbed and fondled it, he was narcissistically attached to it. Why was it endangered, why did he have to concentrate so on preserving it? A veritable orgy of current masturbatory phantasies and actions provided the links and the answers, for they emphasized and brought out into clear focus the strong tendencies to feminine identification. In these phantasies, the patient would be transformed into and dressed as a woman, and would then be forced into oral practices

on both men and women. It was the strength of these bisexual impulses which made it so necessary to guard the integrity of the erect phallus, to prevent it from becoming hollow, as the inside of the doll. The homosexual object choice was narcissistically determined, and was a projection of the self. Thus did the movement proceed, with the ego wending its way in irregular circular fashion along the intercommunicating paths from one radial grouping to another, from phallus to body, to woman, to female genital, to homosexual object, back and forth and in all directions. Just as each lent support to the other, so did insight into one lead to a diffusion of the process of understanding into the other, thus facilitating the working through and eventual dissolution of all the various etiological spokes.

During this final phase, every reference to and contact with dolls was notoriously without anxiety or phobic reaction, so that by the end he had a number of times picked up and handled the previously phobic object with impunity. Thus, on one occasion he picked up a rubber figure quite casually and squeezed it so that it whistled and its tongue came out. Parallel to this development in the realm of the symptom, there was a steady and impressive progress in the underlying character structure towards increased solidity and maturity, showing itself clearly in his marriage, his work, and in his general life.

However, the final complete extrusion from the ego of even the outlines of the ego-alien phobic structure, as well as the process of termination of the analysis itself, was coloured again by the remnants of all his well-known pregenital impulses and defence mechanisms, as though they were making a last stand. He 'hung on' orally as long as he could, retaining the memory and threat of symptoms, trying 'to get as much as he could' and to 'suck the treatment dry'. He compared himself in the last months with a drug addict being taken off the drug. New oral material emerged. His mother, mourning over her lost daughter when the patient was born, had been unable to give him the breast, and instead fed him by bottle. This, he observed, was the first 'mechanical contrivance', the first substitute of the inanimate for the animate. Further dietary restrictions came about a few years later following the 'constipation and convulsions'. His anal desires to retain were also again at work, causing a prolongation of transference gratification and a resistance to its removal. Just as he had to tear up and destroy an envelope or piece of paper into many small pieces before discarding it, to make sure that he did not miss anything, so he clung to the analyst, and had to wring him out before letting go. And finally it was again castration fear which motivated his last grip on the symptoms and the analyst, for to let even them go would mean a revival of the sense of loss, a feeling of having dropped something, or of something having been torn away.

The final resolution, following the analysis of these lingering pregenital influences, came with the working through and solution of the œdipal conflict. This took place both on the levels of the transference and in his relationship with his senior partner, with primarily an identification with the father figure and the patient's rising to a new rôle of maturity. His final liberation from castration fear is emphasized in the following dream, which occurred in the last week of analysis: 'I am driving a big long truck, with a supply of long steel bars sticking way out in the back. One short bar falls off—but I keep going and don't care in the least. My father is with me and he seems to be worried about it—but I am not worried and I have a "So what?" feeling.'

Indicative of his changed attitude and his new focus of attention was the following bit of material, brought out in the last few days of treatment. In associating to the item of 'circles' which had appeared in a dream, the patient commented that the circle was the perfect symbol of completeness, as exemplified in a wedding ring. But, he was reminded, this very symbol had until now been to him the perfect symbol of incompleteness, representing as it did the vagina, anus, or mouth, from which something, the penis or stool or breast, like the steel bar in the dream above, had been forcibly removed. But now his gaze had shifted from the opening in the circle to the periphery, the closed line. His point of view had changed, literally. And similarly the doll to him was now not the hollow inside but rather the complete and intact and therefore safe skin covering and body wall.

BIBLIOGRAPHY

(1) Breuer, Joseph, and Freud, Sigmund. *Studies in Hysteria.* New York: Nerv. and Ment. Dis. Monograph Series, 1936.

(2) Freud, Sigmund (1919). *The Uncanny.* Coll. Papers, **4.** London: Hogarth Press, 1934.

OBITUARY

DR. JOHN RICKMAN

The death of John Rickman on July 1, 1951, at the early age of 60 years has deprived the British Psycho-Analytical Society and the Institute of Psycho-Analysis of a member who had been intimately connected with the development of Psycho-Analysis in Britain since 1918.

Dr. Rickman came of Quaker stock and was educated at a Quaker public school and afterwards at King's College, Cambridge, where he took a Natural Science Tripos and the first part of his Medical degree. He completed his medical training at St. Thomas's Hospital, London, graduating in 1916. On qualification he volunteered for the Friends' War Victims Relief Unit in Russia, and on his return to England wrote a series of articles on his experiences when practising medicine amongst the Russian peasants. These articles were published anonymously at the time of writing, and have recently been revised and published in a book written with Geoffrey Gorer entitled *The Peoples of Great Russia.*

While working in Russia he met his future wife, Lydia Cooper Lewis, of Philadelphia, who was working as a social worker with the American Friends' Service Committee. They were married in 1918 in Buzuluk, Samara Province, by Russian civil ceremony, the first marriage ceremony that had happened since marriage had become legal apart from the Greek Orthodox ritual. A daughter was born to them in 1921.

John Rickman did pioneer work in Russia of a kind which he was to repeat on more than one occasion during his lifetime. In the hospital in which he was working he organised the training of Russian peasant girls in spite of opposition from the nurses and other doctors connected with the unit; his object was to teach the people something which might be carried on when the unit left the country.

On his return from Russia, John Rickman specialized in Psychiatry. He held a six-months' resident post at Fulbourn Asylum, Cambridge, and while working there his interest was aroused in Psycho-Analysis by Dr. Rivers, who was in Cambridge at the time. On his advice Dr. Rickman went to Vienna to see Freud and worked with him there. On leaving Vienna he continued his study of psycho-analysis and of psychiatry by joining the group of men in London who were interested in psycho-analysis under the leadership of Dr. Ernest Jones, and by becoming assistant to Dr. Stoddart in the psychiatric out-patient department of St. Thomas's Hospital. In 1926 he wrote his M.D. thesis on the Ætiology of Prolapse of the Uterus. At different phases in his career he worked with Ernest Jones, Freud, Ferenczi and Melanie Klein, and thus had had the privilege of contact with some of the most original research workers in the study of the unconscious mind. Those who knew Dr. Rickman well were aware that he had a deep interest in finding a solution to the problem of aggression in human relationships, whether regarded from the standpoint of the individual, or the group. There is no doubt that the traditional attitude of Quakers can help to create types of mental defences against primitive impulses which make strenuous demands on the developing personality of a young man.

Dr. Rickman, a tall powerfully built man with the traditional quiet courtesy of the Englishman, by his presence might appear formidable to those who had not the chance to approach him. Experience showed that he was invariably interested in other people's problems, and would take infinite pains to help colleagues as well as patients in difficult situations. In fact a survey of the work which he did in adult life gives evidence of humility and diffidence about his own intellectual accomplishments in the earlier years, and his readiness to urge a colleague to aspire to a position which he himself had an equal right to acquire. Other evidence of this character trait becomes apparent when the work he accomplished as an editor is considered.

Dr. Rickman's contact with Freud in Vienna and Ernest Jones in London, in 1918, led to his taking an active part under the leadership of

Dr. Jones in the purchase of the International Psycho-Analytical Press, which held the rights of publication in the English language of many of Freud's earlier works. Collaboration with the Hogarth Press laid the foundation of the International Psycho-Analytical Press in England, which body has been responsible for the publication of the principal psycho-analytical books in England ever since.

His interest in publication persisted throughout his life, and was characterized by a technical knowledge of format, type, and printing, combined with a highly developed sense of the correct arrangement of the content of a publication. These gifts were used more in editorial work than in the publications of his own writings, although the articles he wrote were numerous and sometimes anonymous. One of the tragedies of his death was the fact that it occurred at the moment he had decided to give up administrative work in order to complete, revise and publish more of his own writings.

John Rickman's pioneer administrative work for the Institute of Psycho-Analysis was one of his most important contributions to the progress of the Psycho-Analytical group in England and it was done mainly on two occasions. It had a creative drive in common with his work in Russia. In the first place, in 1924 he assisted Ernest Jones to found the Institute of Psycho-Analysis, and his concern with legal documents led him to play a prominent part in formulating the legal constitution of the Institute. With the practical assistance of his wife he found a suitable house and treated the first patient in the Institute in 1926 on Freud's 70th birthday, and was the first Business Secretary to the Institute; a post he resigned in 1928. From this date until 1938 he did not hold office but was a valued member of the Board, Training and Publication Committees most of the time.

During these years he took a particular interest in the public relations of the Institute of Psycho-Analysis, and did more than any other member to foster good relationships between psycho-analysts and other groups of psycho-therapists. The Medical Section of the British Psychological Society was the group in which contact with other psycho-therapists could be made. Rickman was assistant-editor under Dr. Mitchell of the *British Journal of Medical Psychology* (the organ of the Medical Section) from 1925 until 1934, and on Dr. Mitchell's retirement in 1935 he became editor and held the position until 1948, when he took over the editorship of the *International Journal of Psycho-Analysis*; for some months he was editing both Journals.

Owing to the demands made on him in respect of his position as President of the British Psychological Society he relinquished the chief editorship of the *International Journal of Psycho-Analysis* in 1949 but remained on the editorial board. During his year of office he reformed the appearance of the Journal, which had not recovered from the restrictions of war economies.

Many psycho-analysts, academic psychologists and psychotherapists can testify to the trouble he took in putting their papers into shape for publication, giving valuable advice on form and arrangement, and sponsoring new ideas, some of which are now basic.

In 1939 he joined the Emergency Medical Service and worked at Wharncliffe Hospital. Here he was confronted with the problem of the rehabilitation of soldiers who had been through the Dunkirk evacuation, and was partly responsible for introducing the use of Raven's Progressive Matrices, which tests were later adopted, amongst others, by the War Office Selection Board.

In 1942 he was transferred to the R.A.M.C. and took part in organizing the methods of selection employed by the War Office Selection Board. He was chosen to play the part of a psychiatrist in the official film sponsored by the W.O.S.B.

With Dr. Bion he did some original work on the testing of leaderless groups. Dr. Bion writes:

> John Rickman had a great capacity for grasping the value of a new idea. I appreciated this when I found, during the war, that he had heard of some views I had expressed about the occupational therapy of soldiers in Psychiatric hospitals and had then and there set about translating them, nebulous though they were, into action at Wharncliffe. I visited him there and he told me about it. It was a fascinating account, illuminated by flashes of humour, punctuated with generous tributes to the merits of what were assumed to be my ideas, but never once betraying the least awareness of how much the scheme he was describing was the child of his own creative imagination.
>
> I remember thinking then at Wharncliffe and later at Northfield what a good combatant officer he might have made. He used his abilities and his knowledge to persuade the

men in hospital to have a look at themselves and so seemed on the verge of achieving a new kind of leadership in which men were brought to face the unknown territories from which arise the diseases of a sick society. I do not know how far he might have gone with this had his health been good but even at Northfield he seemed to me to be grossly overtaxing his strength. He put his gifts at the disposal of anyone who genuinely sought help from him and did so with great cheerfulness and generosity. Indeed, had he not been so careless of husbanding his resources I think it would have been not only better for him but for the causes he had so much at heart. But I never heard of anyone who was able to persuade him to consider his own welfare.

In 1944 he became ill and had to leave the army for medical reasons. Unfortunately civil practice was more demanding than army psychiatry and he was soon immersed in psychoanalytical work—both in connection with the reconstruction of the legal constitution of the Institute of Psycho-Analysis and in the extension of the training programme combined with private psycho-analytical treatments.

He accepted the office of Scientific Secretary for a time, and in 1947 was elected President of the British Psycho-Analytical Society, and held the office for the maximum time of three years.

Between the years of 1945 and 1951 Rickman made his second important administrative contribution to the legal constitution of the Institute of Psycho-Analysis and to the extension of the activities of the Institute. Owing to the rapid post-war expansion of training work and the demands which it made on training analysts it was necessary to modify some of the Articles of Association which determined the organization of the Institute membership. It was felt that the opportunity should be taken to make considerable alterations both in the structure of the Institute administrative bodies, and in the classes of membership. Rickman did a great deal of work in drawing up and elaborating the articles, giving careful attention to every detail with the aim of providing for any eventuality which might arise in the future. Unfortunately, the Board of Trade had not accepted the final draft at the time of his death, but the work he did provides all the necessary material for a final version of the legal document. It would have been very difficult to find any other member who could have dealt with the formulation of the constitution with equal skill.

At this time the Institute of Psycho-Analysis was obliged to seek a new building owing to the extension of the work and the approaching termination of the lease of the house occupied at the time. Dr. Rickman took an active part in deciding on the purchase of the lease of the new building, and worked hard on the committee responsible for the repair, adaptation and redecoration of the new home of the Institute. He was particularly interested in restoring the beauty of the reception and lecture rooms, which contain valuable examples of Adam's decorations and ceiling moulding. One of the rooms now bears his name.

His was a complex personality with wide progressive interests.

During the post-war period of his life two psychological problems seem to have been in the forefront of his mind. It is possible to recognize the same interests earlier, but rather by implication than from evidence of active research work.

The first was his interest in the psychodynamics of groups, and the second was the emphasis he placed on the need to study the technique of communication between a speaker or teacher and his audience.

Throughout his analytical career he had supported those who wished to make contact with other groups interested in psychotherapy and psychology. His work in the army had made it clear that it was necessary that a way should be discovered of applying the dynamic of psycho-analytical technique to group therapy, if the knowledge and insight gained through psycho-analytical experience was to be fruitfully employed for the treatment of more than one person at a time.

On leaving the army he took an active interest in the organization of the Cassels Hospital, which under the superintendent, Dr. Tom Main, was establishing an important hospital where the staff included psycho-analytical training amongst their qualifications, and patients could receive psycho-analytical treatment or psychotherapy depending on applied psycho-analytical principles. He was also on the Council of the Tavistock Clinic which was being reorganized by Psychiatrists who, on leaving the army, had taken training in psycho-analytical technique. In this Clinic research into group treatment on psycho-analytical principles is one of the main activities. He took also a lively interest in the

Institute of Human Relations, a group of men who were studying social psychology having been trained as psycho-analysts. His drive to do pioneer work is evident in the part he played in aiding the activities of these three groups of research workers.

Rickman's interest was not confined to the study of psycho-analysis, certainly he was aware of and was influenced by the fact that scientific theory in the present day, particularly in the disciplines of Physics and Biology, is expressed in terms of energies and dynamic processes. Continuity of life rather than creation is emphasized. Theories of acts of creation are of historical interest only. The development of a science of statistics promises to take the place of a search for first causes.

Dynamic sociological, psychological and political theories show the influence of analogous trends. There is no doubt that Freud's psychodynamic theory shared, if it did not anticipate, much of the same point of view and at the same time, throws light on the mental dynamics of the individual scientist who is producing these abstractions.

Developments in psycho-analysis at the present time emphasize the dynamic importance of the earliest forms of object-relationships whether intrapsychic (phantasied) or external, and in technique the economic factor of interpretation is the criterion of correctness. Psychological theories such as the 'Field Theory' obviously correspond to dynamic theories of other branches of science; Rickman was interested in the Field Theory but not satisfied. He said in his article: 'Reflections on the Function and Organization of a Psycho-Analytical Society' (*Int. J. Psycho-Anal.*, **32**): 'The dynamics of a multi-structural group is as yet without its Freud.'

The second psychological interest with which he was occupied at the time of his death, and which was obviously related to the deeper and wider interest already referred to, is the technique of communication between human beings, particularly in the form of speech. He developed conspicuously as a public speaker and broadcaster during the last years of his life and it seems likely that he would have gone further if he had lived. He advocated extempore speaking rather than the reading of written papers (as Freud himself had done) and discussions rather than lectures for teaching purposes.

His interest in the 'art' of speaking went hand in hand with his growing interest in art as a whole and its relationship to unconscious drives.

He says: 'Those who think that psychoanalysis is a science and only a science may comfort themselves with the belief that everything is in the literature; those who regard the practice of psycho-analysis as something of an art (as well as employment of a scientific method) will have already learnt more than their teachers knew they were giving.' It is clear that he considered that the oral tradition in psychoanalysis should be carried over into the scientific meetings and that the speaker should by his technique promote the occurrence of transference phenomena in order to get into communication with the audience. It seems likely that apart from the many arguments which can be put forward in favour of extempore speaking that the Quaker tradition in favour of inspired rather than prepared speaking must have played a part in making his contention important.

In so far as John Rickman's insistence on the importance of extempore speaking depended on the importance of establishing a positive transference relationship to the audience it is of interest to record that he laid special stress on what he called 'the here and now' situation in psycho-analytical technique, holding the view that interpretation of this situation was the essential dynamic in the treatment.

His interest in art was not confined to the art of oratory, and was shown first in his paper on 'The Nature of Ugliness and the Creative Impulse' (*Int. J. Psycho-Anal.*, **21**) and in his membership of the Institute of Contemporary Art. He contributed a paper (unpublished) on 'The Significance of Primitive Art' at a meeting held in 1948.

It is not possible to refer to the many articles which he wrote during his adult life. Most of them were concerned with some aspect of psycho-analysis and their titles are recorded in the bibliography attached.

The three books which he published of his own work were:

1928: *Index Psycho-Analyticus.*

A valuable and exhaustive record of psychoanalytical work from 1893–1926, which work was carried out with unfailing attention to accuracy and detail.

1928: *The Development of the Psycho-Analytical Theory of Psychoses*, 1893–1926.

The contents were founded on a series of lectures given to students in training.

1949: *The People of Great Russia*, by Geoffrey Gorer and John Rickman.

In 1937 John Rickman was responsible for a new series of publications by the Hogarth Press and the Institute of Psycho-Analysis, entitled *Psycho-Analytical Epitomes*. The first of these small volumes consisted of selections chosen by him from the works of Freud. By this means valuable ideas of Freud were made available to those who had no access to the bigger works. The first volume was followed by others containing short monographs by distinguished psycho-analysts.

The last paper which he wrote entitled ' Reflections on the Function and Organization of a Psycho-Analytical Society ', which is in the last volume published of the *International Journal of Psycho-Analysis* will persist as a permanent record of much that John Rickman was concerned with at the time of his death and will stimulate others to think and research along the same lines. The first scientific meeting held at the new building of the Institute was devoted to a discussion on this paper.

Sylvia M. Payne.

BIBLIOGRAPHY

1919 Six articles in the *Manchester Guardian*, reprinted in pamphlet form entitled: *Eye Witness From Russia.*
Common Sense and Our Russian Policy. U.D.C. Memoranda on a Democratic Peace. Pamphlet No. 35a.

1921 ' An Unanalysed Case. Anal Erotism, Occupation and Illness ', *Int. J. Psycho-Anal.*, **2,** 424.

1924 ' Photography as a Pseudo-perversion.' Abstract in *Int. J. Psycho-Anal.*, **6,** 238.

1925 ' Alcoholism and Psycho-Analysis ', *Brit. J. of Inebriety*, **23,** ii, 66–74.

1926 ' Ein Psychologischer Faktor in der Aetiologie von Descensus Uteri, Dammbruch und Vaginismus ', *Int. Zeitschrift f. Psychoanalyse*, **12,** iii.
' A Psychological Factor in the Ætiology of Descensus Uteri, Laceration of the Perineum and Vaginismus ', *Int. J. Psycho-Anal.*, **7,** 363.

1926–27. ' A Survey: The Development of the Psycho-Analytical Theory of the Psychoses 1894–1926 ', *Brit. J. Med. Ps.*, **6,** iv, 270–294; **7,** 94–124, 321–374.

1927 ' Discussion on Lay-Analysis ', *Int. J. Psycho-Anal.*, **8,** i, 207–212.
Discussion: T. S. Good's Paper ' An Attempt to Investigate and to Treat Psychoneuroses and Psychoses at an Out-patient Clinic ', *Brit. J. Med. Ps.*, **7,** 65.

1928 ' On Some Standpoints of Freud and Jung ', *Brit. J. Med. Ps.*, **8,** i, 44–48.
Index Psycho-Analyticus 1893–1926. London: Hogarth Press and Int. Psycho-Analytical Press.
The Development of the Psycho-Analytical Theory of the Psychoses 1893–1926. London: Baillière, Tindall and Cox.
Lecture Notes on the Psycho-Analytical Contribution to Psychiatry. Cyclostyled Brochure. January-March, 1928.

1929 ' Reflections on the Problem of Discipline ', *New Era*, 1929, 147.
' On the Ætiology of the Prolapse of the Uterus ', *The Journal of Obstetrics and Gynæcology of the British Empire*, **36,** i, 3–15.
' On Quotations ', *Int. J. Psycho-Anal.*, **10,** ii/iii, 242–248.

1932 ' The Psychology of Crime ', *Brit. J. Med. Ps.*, **12,** iii, 264.

1934 Discussion: ' A Symposium on the Psychology of Peace and War.' Glover and Ginsburg. *Brit. J. Med. Ps.*, **14,** 288.

1935 Anonymous: ' The Cathartic Function of General Elections ', *The Lancet*, 16.11.35.
Annotation: ' The Ministry of Women ', *The Lancet*, 14.12.35.
Review: *Dictionary of Psychology.* Edited by H. C. Warren. George Allen and Unwin, London, 1935. *Brit. J. Med. Ps.*, **15,** 242.
Review: *Emotions and Bodily Change.* By H. F. Dunbar. Columbia University Press, 1935. *Brit. J. Med. Ps.*, **15.**
Review: *The Ministry of Women.* Report of Archbishop's Commission, London. The Press and Publications Department of the Church Assembly, Westminster, 1935. *Brit. J. Med. Ps.*, **15,** 338.
Critical Review: *Psychology and Modern Problems: A Series of Lectures organized by the Institute of Medical Psychology.* Edited by Dr. Hadfield, London. University of London Press, 1935. *Brit. J. Med. Ps.*, **16,** 78.
Critical Notice: *Psychology and Religion: A Study by a Medical Psychologist.* By David Forsyth. Watts and Co., London. *Brit. J. Med. Ps.*, **15,** 321.
Collective Review: ' Seven Books on Sex ', *Brit. J. Med. Ps.*

1936 Review: *The Dangers of Being Human.* By Edward Glover. Allen and Unwin, London, 1936. *Int. J. Psycho-Anal.*, **17,** 521–529.
Anonymous: ' On Feeling Secure ', *The Lancet*, 21.3.36.

Review: *Roots of Crime: Psycho-Analytical Studies. Life and Letters*, London, 2.6.36.
Anonymous: 'Co-education', *The Lancet*, 4.1.36.
Anonymous: 'Speech', *The Speech J. of the Brit. Soc. of Speech Therapists*, **2**, 1.

1937 A Discursive Review, *Brit. J. Med. Ps.*
'On "Unbearable" Ideas and Impulses', *American J. of Ps. L.*, November, 1937, 248–253. Cornell University.
Anonymous: 'On Crowning the King', *The Lancet*, 8.5.37.
Annotation: 'Reflections on the Marriage Bill', *The Lancet*, 24.7.37.
Review: *Psycho-Analysis and Social Psychology*. By Prof. W. McDougall. Methuen and Co., 1936. *Nature*, 16.1.37.
Review: *Accidents and Their Prevention*. By H. M. Vernon. Cambridge University Press, Cambridge, 1937. *Life and Letters To-day*, Spring, 1937.
Anonymous: 'The Russian Trials', *The Lancet*, 6.2.37.
Psycho-Analytical Epitomes. Edited by John Rickman. London: Hogarth Press and the Institute of Psycho-Analysis:—
(1) *A General Selection from the Works of Sigmund Freud.*
(2) *Love, Hate and Reparation.* Two Lectures by Melanie Klein and Joan Riviere.

1938 (3) *Superstition and Society*. By. R. E. Money-Kyrle.
(4) *Civilization, War and Death*. Selections from three works by Sigmund Freud.
Review: *Psychology Down the Ages*. By C. Spearman. Macmillan, 1937. *Man*, August, 1938.
Anonymous: 'After the Strain', *The Lancet*, 8.10.38.
Annotation: 'The Psychology of A.R.P.', *The Lancet*, 9.7.38.
Review: *Psychology Down the Ages*. By C. Spearman. Macmillan, 1937. *Life and Letters To-day*, Spring, 1938.
Review: *Psychology for Everyone*. By W. J. H. Sprott. Longman. *Life and Letters To-day*, Spring, 1938.
Review: *Popular Psychological Fallacies*. By J. G. Taylor. Watts and Co., London, 1938. *Brit. J. Med. Ps.*, 6.7.38.
Articles by 'Vratch' in Grains and Scruples. *The Lancet*.
'Panic and Air-Raid Precautions', *The Lancet*, 1291, 4.6.38.
The Medical Section of the British Psychological Society, *The Medical Press and Circular*, September 7, 1938.
Edited: *On the Bringing Up of Children*. By Five Psycho-Analysts. London: Kegan Paul.
A Discursive Review: *Air Raid: The Technique of Silent Approach, High Explosive, Panic*. By John Langdon-Davies. *Brit. J. Med. Ps.*, **17**, iii/iv.

1939 'War Wounds and Air-Raid Casualties: The Mental Aspects of A.R.P.', *British Med. Journal*, 457, 26.8.39. Published also in book: *War Wounds and Air-Raid Casualties*. London: H. K. Lewis and Co. Ltd., 1939.
Letter: 'Sigmund Freud: A Personal Impression', *The Lancet*, 7.10.39, 813.
Anonymous: 'A Peace of Understanding', *The Lancet*, 2.9.39.
Anonymous: 'The Search for Truth' (manuscript headed 'Science and Peace'), *The Lancet*, 21.10.39.
Letter to *The Times*: 'Government and A.R.P.', 6.1.39.
Letter to *The Lancet*: 'Evacuation and the Child's Mind', 2.5.39.
Annotation: 'Conscription', *The Lancet*, 8.4.39.
'Sexual Behaviour and Abnormalities', *The British Encyclopædia of Medical Practice*, **11**, 110–125.
'The General Practitioner and Psycho-Analysis', *The Practitioner*, **143**, 192–198, August, 1939.

1940 Anonymous: 'Two Ways', *The Lancet*, 1.6.40.
Foreword: Special—March. 'On Evacuation of Under Fives', *The New Era in Home and School*.
'On the Nature of Ugliness and the Creative Impulse', *Int. J. Psycho-Anal.*, **21**, iii, 294–313.

1941 Letter: 'Medical Planning', *The Lancet*, 8.3.41.
'A Case of Hysteria: Theory and Practice in the Two Wars', *The Lancet*, 785, 21.6.41.
'Sigmund Freud, 1856–1939: An Appreciation', *Brit. J. Med. Ps.*, **19**, 1–8.

1943 'A Story: Completion Test Suitable for Adults', *Brit. J. Med. Ps.*, **19**, 454.
Interim Report of the Undergraduate Committee on Psychological Medicine of the Royal College of Physicians of London on Undergraduate Education in Psychiatry. October. (Member of the Committee.)
'Intra-Group Tensions in Therapy: Their Study as a Task of the Group.' By W. R. Bion and John Rickman. *The Lancet*, 678, 27.11.43.

1945 Anonymous: 'The First Fruits of Peace', *The Lancet*, 5.5.45.
Obituary: Dr. Thomas Walker Mitchell, *Brit. J. Med. Ps.*, **20**, iii, 204–205, 1945.

1946 Anonymous: 'Nuremberg', *The Lancet*, 12.10.46.

1947 'Psychology in Medical Education', *Brit. Med. Journal*, September, **II,** 363.
'A Few Notes on Psycho-Analysis.' Tavistock Institute of Human Relations. *The Student's Notebook*.
Second of the two Third Programme Talks on Psycho-Analysis. Tavistock Institute of Human Relations. March 25. *The Student's Notebook*.

1948 Anonymous: 'A Symbol Reborn', *The Lancet*, 20.11.48.
'The Application of Psycho-Analytical Principles to Hospital In-Patients', *Journal of Mental Science*, **94,** No. 397, October, 1948.
Obituary: Dr. Adrian Stephen, *Int. J. Psycho-Anal.*, **29,** i, 4–6. (Anonymous.)
'Guilt and the Dynamics of Psychological Disorder in the Individual', *Proceedings of the International Conference on Mental Health*, **3,** 41. London: H. K. Lewis and Co. Ltd.

1949 Editorial, *Brit. J. Med. Ps.*, **22,** 1.
The Peoples of Great Russia. By Geoffrey Gorer and John Rickman. London: The Cresset Press.
'A Report on Tensions Meeting', *UNESCO Courier*, July, 1949, **I,** No. 6, 3.

1950 'How the Idea of God Arises', *The Listener*, **44,** No. 1137, 742, 14.12.50
'Psycho-Dynamic Notes', *Tensions that Cause War.* Edited by Hadley Cantril. University of Illinois Press, Urbana.
'On the Criteria for the Termination of an Analysis', *Int. J. Psycho-Anal.*, **31,** iii, 200.
Broadcast Talk on Psycho-Analysis: 'Cairo Calling', 28.4.50. P. T_2, 789.
'The Role and Future of Psycho-Therapy within Psychiatry', *Journal of Mental Science*, **96,** No. 402, January, 1950, 181–189. (Abst. *Psychoanal. Quarterly*, **19,** 617.)
'The Development of Psychological Medicine', *Brit. Med. Journal*, January 7, I, 30.
'The Factor of Number in Individual and Group Dynamics', *Journal of Mental Science*, **96,** No. 404, 770–773, July, 1950.
Obituary: Claud Dangar Daly, *Int. J. Psycho-Anal.*, **31,** iv, 290.
Susan Sutherland Isaacs, *Int. J. Psycho-Anal.*, **31,** iv, 279.
Wulf Sachs, *Int. J. Psycho-Anal.*, **31,** iv, 288.
William Henry Butter Stoddart, *Int. J. Psycho-Anal.*, **31,** iv, 286.

1951 'Reflections on the Functions and Organization of a Psycho-Analytical Society', *Int. J. Psycho-Anal.*, **32,** iii, 218.
'Methodology and Research in Psychopathology', *Brit. J. Med. Ps.*, **24,** i, 1–7.
'The Number and the Human Sciences', *Psycho-Analysis and Culture.* New York: International Universities Press.

MRS. MARTHA FREUD

Mrs. Martha Freud—'Frau Professor' to a wide range of friends and acquaintances—died in London on November 2, 1951. It is fitting that this event should be recorded in our Journal, since she played an important, if unobtrusive, part in the development of psycho-analysis.

Martha Bernays was born in Hamburg on July 26, 1861. When she was eight years old her family moved to Vienna. There her brother became engaged to a sister of Freud's and married her in 1883. Freud met her through this connection in April, 1882, after which she and her mother returned to Hamburg. Freud was in no position to marry at the time, but after a daily correspondence and several visits to his fiancée, the wedding was at last celebrated on September 14, 1886, in Hamburg. She became the mother of six children, of whom five survive her.

Mrs. Freud was a devoted wife and, being unusually capable, was able to smooth her husband's life so as to give him the best opportunity for his own work. They went through hard and anxious times together, particularly in the first ten or fifteen years of the marriage. They celebrated their golden wedding three years before his death. A distinguished lady, her generous charm, her delightful hospitality, and her complete goodness of heart made her a notable figure. In the thirteen years she resided in London she became the centre of a wide circle of friends and relatives, who now sorely miss her.

Ernest Jones.

BOOK REVIEWS

Dementia Præcox or The Group of Schizophrenias. By Eugen Bleuler. Trans. by Joseph Zinkin. (London: George Allen and Unwin Ltd, 1951. Pp. 548. 63*s*.)

Every English-speaking psycho-analyst will appreciate greatly this translation of Bleuler's monograph. Bleuler's conception of schizophrenia dates from 1911, when the present work, completed in 1908, was published in *Aschaffenburg's Handbuch*. Although Bleuler's textbook was translated many years ago by Brill, the detailed picture provided in this monograph was only available to those who read German easily.

The contents should not only be known to all psycho-analysts, but this is one of the few psychiatric monographs which should also be widely read by medical students and physicians. Nowhere in the writings of Meyer and his pupils or of Freud and his pupils is there so much detailed description. To the basic knowledge provided by this book the young psychiatrist or psycho-analyst can add all that Meyer added with his view of the parergastric reaction type as an alternative formulation and all the further psychopathology educed by the development of psycho-analysis since 1911.

The translation by Joseph Zinkin is lucid. The prominent psycho-analysts who for so long advocated an English version of this work will be pleased by the result.

W. Clifford M. Scott.

Failures in Psychiatric Treatment. Edited by Paul H. Hoch. (New York: Grune and Stratton, 1948. Pp. 241. 27*s*.)

This book consists of fifteen papers on failures in different fields of psychiatric treatment presented at a symposium held at the 37th Annual Meeting of the American Psychopathological Association in 1947.

Failures in psycho-analytic treatment are described by Dr. C. P. Oberndorf (pp. 10–20). He discusses the effects of unfavourable external conditions, the difficulties in applying psycho-analytic technique usually due to counter-transference problems, the effect of initial symptoms masking a psychiatric condition for which psycho-analytic treatment is not usually considered suitable, and finally the occasional patients whose personalities and symptoms justify psycho-analytic treatment which nevertheless is ineffective. He ends by making an appeal for research by psycho-analysts into the causes of failures and repeats the plea he made in 1942 (*Amer. J. Psychiatry*, **99**, 374) that psycho-analysts make use of consultations with colleagues more frequently than is usual after, for instance, a period of unsuccessful treatment of 300 hours. S. Rado, in discussion, regretted that psycho-analysts had not yet developed definite criteria and prolonged follow-up in order to allow adequate statistical analysis of results.

W. Clifford M. Scott.

Recent Progress in Psychiatry. Published by authority of the Royal Medico-Psychological Association, *Journal of Mental Science*. (London: J. and A. Churchill Ltd. Second Edition. 1951. 50*s*.)

The first review under this title was published in 1944. This edition covers more or less the same topics, but contains 200 more pages.

The chapters which will interest psycho-analysts most are 'Psychotherapy' by E. A. Bennet; 'Suicide' by E. Stengel; 'Psychopathology' by S. M. Coleman; 'Cybernetics' by W. R. Ashby. The review of 'Personality Tests 1944–49' by H. J. Eysenck; 'Schizophrenia' by H. Gillies; 'Delinquency and Crime' by Sir Norwood East; 'Sleep and its Disturbances' by M. N. Pai are also relevant to psycho-analytic work.

In the Introduction, G. W. T. H. Fleming, editor of the *Journal of Mental Science*, promises a third edition in 1955, in which some of the topics omitted in the second edition but covered in the first, for instance Child Psychiatry, will be included. He mentions psychiatric abstracts, such as *Excerpta Medica*, as being now indispensable, but does not discuss the relationship of the type of review published in this book to abstracting journals.

Although the reviews are of unequal value in their discriminating comment and inclusiveness, they will be of great value to many; nevertheless some readers will look forward to the time when a body such as the Royal Medico-Psychological Association can foster reviews in the psychiatric field similar, for example, to those published in psychological or physiological reviews.

W. Clifford M. Scott.

Introduction to a Psychoanalytic Psychiatry. By Paul Schilder. Trans. by Bernard Glueck. (New York: Inter. Universities Press, Inc., 1951. Pp. ix + 178. London : Bailey Bros. 26s.)

Schilder's death as the result of a street accident at the early age of fifty-four in 1940 left a sorry gap in the group of psycho-analytic psychiatrists who constantly stimulated American students. It will be many years before the value of Schilder's publications becomes merely historical.

The book now under review was first translated and published in 1928 as No. 50 of the Nervous and Mental Disease Monograph series a few years after its publication in German. Schilder's was the first attempt to apply meta-psychology to psychiatry on a wide basis and, for this reason alone, the book should be read by all students of psycho-analysis.

Although the contributions psycho-analysts have made to the psychopathology of the functional psychoses during the past twenty-five years supersede much of what Schilder has here written, he asks many questions which are still unanswered, and too few writers stimulate students by asking the questions to which there are still no answers.

His chapters on amentia, aphasia, agnosia, epilepsy, paresis, Korsakoff disorder and deliria cover fields still neglected by psycho-analysts.

The re-publication of this book is very welcome.

W. Clifford M. Scott.

Psychotherapy. By Paul Schilder. (London: Routledge and Kegan Paul Ltd., 1951. Pp. xi + 383. 30*s*.)

This book was first published in 1938. The present enlarged and revised edition, arranged by Schilder's widow, Dr. Lauretta Bender, provides a definitive statement of his attitude towards and technique of psychotherapy. It forms a valuable introduction to psychotherapy for any student of psychiatry; the author himself says that he ' attempts to survey the field of psychotherapy in general ' and has not tried to write an introduction to psycho-analysis.

In the original edition the introduction to the general principles of psychotherapy was based on a survey of the psychology of organic and psychopathological symptomatology and of somatic and psychic health as experiences. The ' technical outlines of psychotherapy ' were dealt with by discussing the relationship of the physician to the patient as seen in the various psychotherapeutic systems and during group psychotherapy of Schilder's own unique type. The final third of the book dealt with treatment of the specific types of neuroses, psychoses, and psychopathies.

In the present edition the additions consist chiefly of relevant excerpts from papers published by Schilder since 1938. Additional material concerning the treatment and prevention of crime, mental health in relationship to childhood, adolescence, studenthood, old age, etc., and further information concerning the use of drugs, hypnosis, etc., during psychotherapy, and the implications of insulin treatment, shock treatment, etc., on psychotherapy are included.

All teachers who wish to ensure that their students know the eclecticism of Schilder's approach will greatly value this book. To those who have never heard Schilder speak, his manner of teaching is still pleasantly apparent in reading it. An appended bibliography of 22 pages forms a valuable reading list on problems related to psychotherapy.

Schilder's attitude to psycho-analytic treatment at the time he wrote this book is inadequately stated in the few pages devoted to describing psycho-analysis as a psychotherapeutic system. The student will have to read Schilder's other writings to build up a clearer picture of the way Schilder valued and criticized psycho-analysis. Nevertheless he ends his discussion of psycho-analysis by writing ' further development of psychotherapy which does not utilize Freud's work is unthinkable.'

W. Clifford M. Scott.

Brain and Personality. By Paul Schilder. (New York: International Universities Press, 1951. Pp. 136. London : Bailey Bros. 20*s*.)

It can justly be said of Schilder that he explored the problems of the body-mind relationship more fully and more persistently than any of his contemporaries. His vast knowledge in many fields, including psycho-analysis, made him the ideal integrator.

In this book two series of lectures are presented. The first, on the psychological aspects of cerebral neuropathology, was given to the Washington Psycho-analytic Group; the second, on neuro-psychiatric aspects of the motility of schizophrenics, to the staff of the Henry Phipps Psychiatric Institute. Both series were given in 1928 and 1929 in Schilder's first year in the U.S.A. as a visiting member of Professor Adolf Meyer's staff. This book was previously published in 1931 as No. 53 of the Nervous and Mental Disease Monograph Series.

To Schilder the main purpose of a lecture was not to transmit information but to stimulate thought. His listeners felt themselves in the presence of a fertile mind thinking aloud. He was not much concerned with the art of exposition and unashamed of the imperfections of knowledge. The lectures here collected reflect Schilder's manner of teaching very well. The first series is entitled ' Studies in the Psychological Aspects of Cerebral Neuropathology '. The first lecture deals with sleep and consciousness. This and the following chapters contain many illustrations of the mutual influence of organic and psychic processes. In ' Problems of Tonus ' the rôle of the vestibular apparatus in the building-up of the body scheme and the effects of abnormal vestibular stimuli on consciousness and dreams are discussed. The third lecture deals with the psychopathology of encephalitis and the types of regression observed in neuroses and in cases with brain lesions. Regression is regarded as always due to the same basic mechanism taking place on various levels of integration. Brain lesion and mental conflict result in similar types of behaviour disorder. In visual agnosia and aphasia the primary process as described by Freud can be demonstrated in action. ' The laws of the unconscious are applicable to the laws

of organic regression.' In the sixth lecture the body image, its relationship to narcissism, and the concept of ' organic repression ' are discussed. Organic and functional disease avail themselves of the same cerebral apparatus, but the former acts continually, whereas the psychic influence acts only for limited periods. Schilder puts forward the concept of ' psychogenic health ' which, in cases with organic illness or neurotic conflict, is the result of successful compensatory mechanisms.

Part II is entitled ' The Relationship between the Personality and Motility of Schizophrenics '. It consists of five lectures dealing with regression in neurosis and psychosis, with transference in schizophrenia and other subjects which the author discussed more fully in his *Introduction to a Psychoanalytic Psychiatry*. In addition, motor phenomena in schizophrenia and their relationship to the involuntary movements resulting from brain lesions are analysed and compared. They are expressions of general tendencies in psychic life. What once was a psychologically meaningful action may be perpetuated by becoming a permanent function of part of the brain. ' In that way . . . we can understand the genesis of organs of the organism. The organism produces tools in order not to be compelled again and again to a psychic effort.' This theory expresses Schilder's belief in the primacy of psyche over matter. But it is not really as new and fantastic a speculation as it sounds. It can be linked up with William James's theory of habit formation on the one hand, and with the reverberating circuits of modern neurophysiologists on the other hand.

This book deserves to be read by all those concerned with the basic problems of behaviour.

E. Stengel (London).

Personality and Psychosis. By Otho W. S. Fitzgerald, M.A., M.D. (London: Baillière, Tindall and Cox, 1951. Pp. viii + 134. 12*s.* 6*d.*)

The author presents in this book his system of typology, which is based on a hypothetical distinction between inborn and acquired personality traits. The inborn are those of the introvert and extravert personality types. The latter is subdivided into the ' impetuous extravert ' predisposed to manic mood changes, and the ' deliberate extravert ' prone to depression. Three acquired personality traits are distinguished; the hysterical, the obsessional and the paranoid. The author objects to the assumption that heredity may play a part in the origin of the obsessional neurosis. His argument runs as follows: the obsessional reaction is one of penitential remorse which arises from guilt; guilt arises from conscience, which is acquired; therefore the obsessional traits are acquired. There are twenty-four possible combinations of the three acquired and the three inborn clusters of traits described as personality types. These combinations can be used as diagnostic formulas which the author has found valuable not only as indicators of the personality structure and the type of mental disorder present but also as guides to prognosis and treatment. The system proposed by the author is certainly consistent in itself, though some of its basic assumptions, such as the differentiation between acquired and inborn traits, are founded on theory which is questionable. However, this is not decisive when it comes to assessing the practical value of a system which is based on clinical impressions. The author does not discuss where his system stands in relation to other typologies. Psycho-analysis is mentioned only cursorily. Fitzgerald is critical of certain aspects of psycho-analytical theory and therapy. Some of his criticism is based on philosophical objections to the biological foundation of psycho-analysis.

E. Stengel (London).

Group Life. By Marshall C. Greco. (New York: Philosophical Library, 1950. $4.75.)

Man ought to be considered not as an independent individual but as an indivisible and inseparable part of his actual group. Individuals do not exist as individuals, but only as members of social groups. To speak of their instincts or their individual history is incorrect and misleading; human needs, activities, pains and pleasures are always social, always involve other human beings. To show the author's ideas I quote some of his sentences: ' The neurotic symptom is not a subterfuge aimed at satiating a need that stands apart from the needs of the group; rather, it is a means for reconciling in the most effective manner the conflicting elements of the indivisible of which the neurotic is a part.' ' Freud conceptualized a theory of the neurosis that considered a complex, insulated, unconscious force as being the cause of the trouble.' ' Our own approach treats the single being, the neurotic, as a mere particle of the real whole. In this sense the neurotic is suffering the discords inherent in a panorama of group forces. Thus from orthodox psycho-analysis to the group-life theory each step was the result of covering life in terms of a larger whole.'

M. Balint (London).

Soviet Psychiatry. By Joseph Wortis. (New York: The Williams and Wilkins Company, 1950. London: Baillière, Tindall and Cox, 1951. Pp. xvi + 314. 38*s.* 6*d.*)

' Psychiatry,' wrote Giliarovsky (one of the leading psychiatrists in the U.S.S.R.) some years ago, ' more than any field of medical science, reflects the social atmosphere in which it develops: it can be said that each epoch has its own kind of psychiatry.' A change in economic structure, he contended, affects the science of psychiatry, the methods of the psychiatrist, and the mind of the patient, each in distinctive ways. ' We can even see ', said

Giliarovsky, ' in the very minds of our patients the reflections of profound social upheavals, the reflections of the class struggle in psychiatry. There has always been a general expectation among Soviet psychiatrists that something new and distinctive was bound to develop in their own science ' (page 129).

This book is a conscientious and exhaustive report on these ' new and distinctive developments '. Dr. Wortis worked through the whole available Russian literature on psychiatry, and every one of his details is substantiated by an exact quotation. His book consequently can be considered as an authoritative source for the study of Russian psychiatry up to 1950. His approach, though not uncritical, is mainly sympathetic. Perhaps this is the reason why both he and his publisher had to write a kind of apology to preface the book.

The picture of Soviet psychiatry as it emerges from the reading of this book is puzzling indeed. On the one hand there are undeniable signal successes, such as the efficient dealing with the vast problem of criminality and delinquency after the devastations of the Civil War, the amazingly low figures of psychiatric morbidity, the elaborate and apparently competent service of rehabilitation of psychiatric patients, etc. On the other hand one is struck by the alarming superficiality of the case histories and the almost complete absence of psychotherapy in the Western sense, as revealed in this book.

One reason for this paradoxical situation is the present stage of Soviet theory about man's place in his world. ' Co-operative work for useful social ends (and not the force of sexual drive) is regarded as the basic force that links man to man ' (page 176). It is above all man's relationship to his work that determines whether he is content, happy, and healthy. Consequently every psychotherapy must aim first and foremost at restoring the patient's ability to work and thus establishing his confidence as a useful member of the community. We should call such a therapy a super-ego education, and doubtless most of the psychotherapy described in this book belongs to this class. In contrast, psychoanalysis is first and foremost an ego education, and consequently individualistic and not necessarily social. It would be a highly interesting research project to examine whether this striking difference in psycho-therapeutical orientation is due to the fact that the present Western civilization can be considered as comparatively stable while the Russian has been changing at very great speed.

Another reason closely connected with the former is the anti-irrational and materialistic philosophy inherent in Marxism. Ideas are determined by the prevailing system of production, and in the same way mind is determined by the body. Thus the proper approach to psychiatry is biological, medical, physiological, and sociological; psychological and especially psychodynamical points of view rank only as very secondary. In this respect Soviet psychiatry has a common cause with the Western advocates of physical therapeutic methods in psychiatry. All the methods of drug and shock therapy, and the different kinds of leucotomy, are just as fashionable there as they are here in certain circles.

The third reason is the hyper-sensitivity of Soviet thinking against accepting any innate inequality between man and man, as this may lead to a kind of class distinction in a disguised form. Every apparent inequality, including psychiatric disease, must be considered as the result of unfavourable environment, i.e. bad conditioning. The aim of all therapy must therefore be to create proper conditions for the unfolding of the inherent possibilities dormant in every living being. Hence the paramount rôle of the ideas of Michurin and Lysenko for the theory of heredity, of Pavlov's methods and concepts for medicine and especially for psychiatry, and lastly the great revolt that since 1936 has swept away all testing from Soviet education and psychiatry. Mental tests are considered as misleading because they emphasize unduly the present differences between man and man and by doing so suggest that these differences may not be influenced by proper new conditioning.

It is understandable that psycho-analysis can have but a very insignificant place in such a theoretical structure. It is true that in the first years after the revolution psycho-analysis was viewed with sympathetic interest, as it was considered a truly revolutionary discipline. The reaction set in about 1930, and by 1935 psycho-analysis was practically purged from Russia. It is now considered ' a direct product of a certain stage in the development of capitalist democracy '. ' Its extreme individualism, pleasure drives, eroticism—all these are characteristic features of the ideology of the decaying bourgeoisie ' (pages 77–78).

M. Balint (London).

Christians and Jews: A Psychoanalytic Study. By Rudolph M. Loewenstein. (New York: International Universities Press, 1951. Pp. 224. 26*s*.)

Too much cannot be written on the subject of anti-Semitism. What in the nineteenth century was a blot on nations became in the middle of the twentieth century an international scourge. To the scientific and hypothetical objective observer the reasons advanced for hating the Jews must seem fantastic, contradictory, and incomprehensible, a challenge to human credulity. It is not surprising, therefore, that an ever-growing number of psychoanalysts have directed their very special investigative techniques towards this perplexing psychological problem. Of the various books which have appeared on the subject, the present volume is unquestionably the best.

What distinguishes this book is the precise formulation of the dynamics of anti-Semitism as a phenomenon of individual and group psychology.

With meticulous circumspection, the author has delineated the many influences which have to be considered. Historical, economic, political, and religious elements are given due weight. The result is a sober, dispassionate, and truly scientific document, one which is free from the usual one-sided over-simplifications. Because the author has been so exacting about methodology this book may well serve as a model of the scientific method in the field of applied psycho-analysis. The manner in which Dr. Loewenstein has applied psycho-analytic thinking to the complex phenomena grouped under anti-Semitism could be taken as an example of how other social attitudes and historic tendencies might be evaluated in the light of psycho-analytic research.

The scope of this book encompasses a great deal more than anti-Semitism. It is essentially a study of the psycho-pathology of Jewishness as it affects both Jews and Christians. Because of the extreme lucidity of the author's style, the book may seem disarmingly simple to the superficial reader. Nothing could be further from the truth. After reading the book several times, the reviewer was impressed to note with how much care the relations between Christians and Jews were examined from almost every possible angle. From a vast and penetrating psycho-analytic experience, Dr. Loewenstein demonstrates exactly how Jewishness may influence, and in turn be influenced by the intra-psychic conflicts of Jew and Gentile. In addition, the author analyses how the peculiar historical position of the Jews, a tabooed people, without a land of their own, tended to foster among them certain specific disorders in character formations, in self-esteem and in methods of instinctual discharge. Because the approach is fundamentally that of clinical psycho-analysis, a sense of validity is imparted to the reader.

There are, nevertheless, several points which appear controversial. Certain of the historical deductions, as, for example, the influence of the attitude of the Papacy towards the Jews, or the specific consequences of the Roman Wars, may be questioned. In Chapter 4, the author undertakes an analysis of so-called Jewish character traits. In discussing ' bad manners ' as a specific Jewish trait, Dr. Loewenstein attempts to evaluate the rôle which Judaism as a religion may contribute to the genesis of this trait. He states that for orthodox Jews ' almost every act of daily living is sanctified by God so that many of the activities which remain purely secular for Christians . . . are fraught with religious significance for Jews. As a consequence, there is little room left in the moral code of the religious Jew for anything corresponding to the Christian secular code of good manners and social etiquette.' At best, this analysis could account for the bad manners of observant orthodox Jews. In point of fact, however, the moral code of the religious orthodox Jew for dealing in secular matters with his fellow-man is minutely outlined in the Talmud. A man who eats in the streets is considered unfit to testify as a witness since he lacks self-respect. Precise conventions concerning honouring one's elders, how to greet a debtor in order not to humiliate him, and so forth, are carefully laid down. It would follow, therefore, that if bad manners are indeed a Jewish trait, the cause for this must be sought outside the influence of Judaism as a religion upon the personality of individual Jews, observant or non-observant. It would seem in this respect that the author's own warning against attempting to analyse a people in the same manner as one would analyse an individual is particularly pertinent.

These observations, however, are minor criticisms. They in no way invalidate the author's main thesis, which is that by a peculiar combination of historical and psychological circumstances the Jews have come to serve an almost indispensable rôle in the Christian world. They are ' the scapegoat of the ages '. It was this dual function of the Jews ' to be branded with infamy but at the same time to be necessary and useful which constituted the primordial condition for their survival in the Christian world '.

This is a fundamental work. It should be read by all workers in every field which is concerned with human relations.

Jacob A. Arlow, M.D.

Personality and Psychotherapy: An Analysis in Terms of Learning, Thinking and Culture. By John Dollard and Neal E. Miller. Institute of Human Relations, Yale University. (New York: McGraw-Hill Book Co. Inc., 1950. Pp. 488. 55*s.* 6*d.*)

Attempts during the last decade to reformulate psycho-analytical findings in propositions acceptable to experimental psychology showed promise that such reformulation might be most successful where concepts of learning theory were used. Psycho-analysts and psychologists both have grown to expect much from the ' multi-disciplinary approach ', and one's expectations are therefore high when something like a text-book on the subject appears from the Yale Institute of Human Relations. This is a substantial, ambitious, provocative book (dedicated to ' Freud and Pavlov and their students ') which the authors claim to have written from a ' joint Freudian-Behavioural approach ' believed by them to be ' essential to the understanding of human social behaviour . . .'. Their aim has been '. . . to aid in the creation of a general science of human behaviour ' by formulating '. . . a set of assumptions about human nature and personality which could be accepted by all the social sciences and humanities '. These result from ' a combination of three great disciplines—psycho-analysis, experimental psychology and sociology—into an integrated point of view '. The authors originally set out to write a book on psychotherapy, formulating in behaviour theory and culture concepts what is done

by the therapist and patient. This project, however, grew into three books in one, namely (1) on psychotherapy, (2) on working out a theory of the neuroses, and (3) on the normal use of the higher mental processes in the solution of emotional problems. Since this was too unwieldy, and since most of the ideas in the book are ' hypotheses, the basis for research, not proven principles ', a compromise was made whereby the authors have presented a 'progress report ' with the emphasis on normal personality and adjustment mechanisms. It aims at formulating in as ' rigorous, systematic and quantitative form as possible . . . reliable scales for measuring aspects of the therapeutic situation ' (' anything that can be sensed can be scaled '), and for clarifying the social conditions which affect therapeutic results. The analysis is based on the way neuroses and psychotherapy appear in one (United States) culture, but the authors hope that cross-cultural investigations will one day put their theoretical principles to the test and, perhaps, force modifications and extensions of them.

In their preface, the authors state that they have ' concentrated the analysis on the one type of therapeutic practice with which we are familiar—namely the Freudian. Even here we have attempted to analyse only those features of theory and practice which we understand best. The principles, if sound, and with appropriate extensions, should be found applicable to all forms of therapy. The sympathetic reader who is familiar with Rogerian therapy will make many applications to it.' This latter sentence is typical of the authors' attempts in many places throughout the book to reconcile and integrate contrary and conflicting theoretical approaches by reducing them to their (often most superficial) theoretical common denominators. One seeks in vain for a coherent description of the genetic, structural, and dynamic aspects of the psychic apparatus such as one has grown to expect from workers using the cross-disciplinary approach ; nor does one find the grasp and acuity of understanding of metapsychological problems which have impressed us in the scholarly contributions of Rapaport to the rapprochement between psychoanalysis and the experimental tradition.

The first part of the book presents a behavioural orientation to the problems of human personality, and an introduction to the basic assumption that neurosis and psychotherapy obey the conditions and principles of learning which have been laid down by experimental study. The reader is given an account of what a neurosis is, ' How Neurosis is Learned ', and what are the basic principles of learning in terms of the four fundamentals of drive (or motivation), response (or action or thought), cue (or stimulus), and reinforcement (or reward). Then follows a lengthy section upon the normal use of the higher mental processes in solving emotional problems, or, in psycho-analytic language, an account of the work of the ego-functions and ego-systems (or rather, of some of them). Then follows an attempt to work out a theory of neurosis in behavioural terms. By the middle of the book the reader must have learned, if he is to continue, the basic terminology of two new languages. The first is the language of the ' joint Freudian-behavioural approach ' in which ' the principle of reinforcement (drive-reduction) ' has been substituted for the pleasure-pain principle; ' the higher mental processes ' and ' learned drives ' replace any mention of the ego or ego-strength; repression is explained ' naturalistically ' as the ' inhibition of the cue-producing responses which mediate thinking and reasoning '; transference is seen as a special case of a wider concept, i.e. generalization; the dynamics of conflict are ' systematically deduced from more basic principles ' and '. . . tied in with learning theory . . .'; great stress is placed upon reality-adjustment in real life, and the part which reinforcement-theory plays in this; ' reality ' is no longer a vague term but is elaborated in terms of the physical and social conditions of learning, in relation to the social structure of a society as understood from the study of sociology and social anthropology; and concepts of inhibition and restraint are given equal weight with the parallel concepts of repression and suppression. The second language or terminology, one has realized by this time, is that of psychoanalysis as practised and taught by Horney, Kardiner, Alexander, and French rather than the original Freud (to whose works there are surprisingly few references in the Bibliography). For this reason many concepts may have an unfamiliar ring for English readers. Constant emphasis is placed, for example, on problems of adjustment to and orientation in the environment, i.e. to external reality-adaptation rather than to internal, endopsychic or intrapsychic adaptation. Even a neurosis becomes a relationship between an individual or personality and his social setting, and ' reality ' is always physical, external reality, never inner, psychic reality.

There are many points of difference between the theory and practice of the ' new conditions of therapeutic learning ' as developed by the authors in the second part of the book, and orthodox psychoanalysis. Since space forbids a critical estimation of these differences, the present reviewers prefer to draw readers' attention to certain metapsychological assumptions underlying the whole work, which questions might be considered as a preliminary to any assessment of how far the authors have achieved their aims. An adequate review of the first half of the book could, in fact, not be made short of placing it within the framework of a thorough analysis of the whole behaviouristic system.

This contribution from the Yale neo-Behaviourists is a far cry from the mechanistic simplifications of J. B. Watson, in which the organism was understood as a machine with relatively independent parts, which, following a simple and rigid mechanism,

became connected or disconnected, and this was all that was necessary to ' cause ' behaviour. Many postulates advanced in other psychological schools have now been assimilated, as for example hypotheses dealing with the dynamic nature of drives or forces, and (to a certain extent) the significance of the unconscious for the determination of behaviour. The Yale team are fully aware of the complexity of behaviour phenomena, but they strive to analyse complicated patterns or to study mental mechanism in their most elementary form. For this reason they have to a great extent substituted the animal experiment for research carried out with human subjects. Their starting-point has been to use the concept of ' drive ' as one of the ' principles of learning ', and they have designated two classes of drives, (1) ' primary or innate drives ' such as pain, hunger, thirst, fatigue, cold, and sex; and (2) ' secondary or learned drives ' which are acquired, like fear, anger, disgust, guilt, etc. They have included as learned drives certain tendencies like fear, anger and aggressiveness which would be considered innate by psycho-analysts. The problem was then shifted to the investigation of the conditions responsible for the ' learning ' of the drive. The authors have also attempted to incorporate the concept of ' fixation ' into their system and to recognize the inhibitory processes which by shutting off whole tracts of mental content from consciousness (and therefore from free interchange with the environment) necessarily restrict the possibilities of modifications effected through it, and may account for the resistance to change of some behavioural trends. Notwithstanding these concessions to Freud's dynamic doctrine, their interpretation of behaviour phenomena remains essentially mechanistic. Although many analysts will find little to quarrel with in the reformulation of the pleasure-pain principle in terms of ' drive- or tension-reduction ', grave differences in the use of terms are apparent when it comes to a consideration of the nature of the drives themselves. According to the way of thinking of Dollard and Miller, the drive appears in some part of the organism, sets certain mechanisms working through which it obtains release—and subsequently disappears. It is never conceived of as the permanent, constant, organizing, energy-supplying motor-force of the dynamic psychologies, i.e. a drive striving for discharge and exerting a continuing push from within. Dollard and Miller, following Hull, speak of a drive as if it acted with a single impact, not as a force underlying all behaviour. It is possible that the arrangements of the experiments on which the theory of the Yale group are based are such as not to show the aspect of drive as a constantly active force, whereas Freud's investigation of the mental processes by the psycho-analytic method threw light on just this aspect of ' drive '. Freud conceived the motivating forces as energy charges of a given volume, being subject to the same laws as energy in the sphere of physics, i.e. if a path towards discharge is blocked, the energy accumulates and exerts pressure elsewhere, so that behaviour seen from the surface may seem to have no connection with related behaviour arising from a common source.

The authors demonstrate how a child can learn to find a piece of candy placed under one of a number of books. The drive in this experiment is the wish for candy. Most of the other experiments are concerned with investigations of the behaviour of rats. The animals' access to food in each case is dependent on their learning to perform certain actions. In the human as well as the animal experiments the motivating force is hunger. There are two important characteristics of this drive: (1) it has only one possible means of satisfaction, viz. the intake of food; (2) if satisfaction is reached the drive is no longer in existence. It follows from the latter point that apart from the rare cases where hunger makes itself felt as a ' constant force ', e.g. during a famine, this drive appears to have the character of a momentary stimulus. The importance of the first point lies in the fact that the study of the hunger-drive does not provide the conditions for observing the modifications and displacements of an impulse which is denied direct gratification. It is the reaction of a drive prevented from discharge which makes one doubt whether the conception of a drive as a momentary stimulus does adequately account for the observed phenomena.

Dollard and Miller do not establish a sharp division between drives, needs, emotions, and outer stimuli, since these may all be ' motivators ' in the S-R sequence. They give the following definition of a drive, based on Hull's definition : ' Strong stimuli which impel to action are drives. Any stimulus can become a drive if it is made strong enough. The stronger the stimulus the more drive-function it possesses.' With this definition the authors have virtually obliterated the difference between external and internal stimulation. They quote as an example of drive ' . . . the infernal blare of the neighbour's radio ' or ' . . . the sun in a car-driver's eyes '. The failure to distinguish between outer and inner sources of stimulation will offer an obstacle when the reactions of the individual to these two kinds of stimuli are discussed, which profoundly differ in both cases. Further, fear and anger are, in spite of their drive-function, a ' response ' to a given external situation, while drives such as hunger and sex are the expression of a physiological need. With regard to the latter kind of motive it should be kept in mind that while the term ' need ' refers to a state of the body and the term ' drive ' to a tendency towards a change of this condition, they are nevertheless both different aspects of the same process. In *Instincts and their Vicissitudes* (1915) Freud attempted to clarify and demarcate the concepts of instinct (drive), stimulus, and need. In contradistinction to behaviourism, and specifically to the theory now set forth by Dollard and Miller,

he refused to equate an external stimulus and a stimulus of instinctual origin, because of the different location of their sources and the subsequent difference of the elicited response. To protect itself from an external stimulus the organism withdraws from its action, or the external stimulus acts with a single or repeated impact, which can be discharged by a single or repeated action; whereas the stimulus of instinctive origin is a constant force which can be removed only by an alteration of its inner source. Freud suggested the use of the term ' need ' (*Bedürfnis*) to designate inner stimulation and that of ' satisfaction ' for the act that removes it, but in later writings he used almost exclusively the term ' drive ' or ' instinct ' (*Trieb*).

A further point of difference is worthy of mention. Dollard and Miller, although mentioning the existence of native and hereditary elements, have tried to build up, in their analysis of ' how neurosis is learned ' a theory of behaviour and personality formation into which these factors enter hardly at all, and questions of ' somatic compliance ' or of ' complemental series ' have little place. The analysis is made in terms of outer, environmental factors and wrong or ' maladaptive ', i.e. neurotic, patterns which are dependent on education and experience. What has always been accepted in terms of the ' environmental influence ' in the modification of instincts, is now reiterated in terms of the laws of learning, to the exclusion of constitutional factors in the development of a neurosis or of maturational phases in libido development, or in other words, of the emergence, sequence, and transformations of the constant drives from within. In the chapter on education, and specifically in the section dealing with toilet training, neither the ' libido theory ' nor the concept of genetic, maturational sequences postulated by psycho-analysis can be fitted into the authors' view of psycho-dynamics. Something approximating to age-grading is all that replaces what we understand by the child's libidinal development and the maturation of his emotions and psychosexuality. (Sex, in this book, refers almost entirely to genital sexuality.)

The filtering and distortion processes through which psycho-analytic theory has been required to pass in order to fit the requirements of this ' joint Freudian-Behavioural approach ' are most clearly seen when one enquires what has happened, during the present reformulation, to the concept of the unconscious and the nature of the primary process. A failure to encompass in adequate observational terms the mechanisms of defence and the formation of character are consequent upon these changes. Starting from a quotation from Freud's paper on ' The Unconscious ' (1925) *à propos* the relinquishment of object-cathexes in schizophrenia ('Now, too, we are in a position to state precisely what it is that repression denies to the rejected idea in the transference neuroses—namely, translation of the idea into words which are to remain attached to the object ') the authors spring to the conclusion '. . . according to Freud, then, the repressed, or unconscious, is the unverbalized '. They go on immediately to an analysis of ' how repression is learned ', and why so many childhood conflicts are necessarily unconscious, i.e. have not been ' labelled'. Thereafter reversing the process with regard to what is unverbalized, i.e. unconscious, or repressed, and learning new verbal labels to attach to various kinds of cues, become the central part of therapeutic activity. What has been overlooked in this reading of Freud, and what cannot be achieved by this intellectual process merely of ' labelling ', is that therapy requires the recovery not only of the words but of the repressed affects or emotions associated with them (their instinctual hyper-cathexes), and the undoing of the ego's flight from them. As Freud himself continues in the next paragraph of the same paper '. . . linking them up with verbal ideas is still not identical with actually becoming conscious, but only with the potentiality of this . . .' The recovery of the higher mental processes may be aided by the ' labelling ' activities described in certain cases, but in others it may serve merely to secure isolation of affect and the defensive use of the intellect in resistance.

It no longer surprises the reader to find that other ego-mechanisms also appear, like Bottom, ' translated '. The authors make almost no difference in their descriptions of suppression and repression. These are regarded as a kind of continuum, suppression (e.g. avoiding painful conversational topics) occurring for learned, common-sense reasons, and repression (e.g. avoiding certain painful thoughts) as a result of a ' learned fear ' or ' unlabelled anxiety ', and both are reinforced by drive-reduction. The fact that there is a qualitative difference, the criterion of which is the reversibility of the one process and not of the other, is not hinted at. The mechanism of projection fares in the same way. A detailed analysis is devoted to an account of the long and complicated mental operation which is supposed to go on to produce a projection. This is as logical and ordered as a conscious conclusion, and has nothing to do with early projection as a defence mechanism of the ego. Identification, likewise, becomes something like ' reasonable imitation ', in which a child learns, by trial and error, that it pays to imitate the parents upon certain issues, that this brings a reward, and therefore the child accepts the behavioural pattern presented by the parents. This is not always spoken of as identification, but it refers clearly to the whole description of the way in which the child becomes a social being. The only learning that can thus occur in the parent-child relationship is that which is worthwhile and rewarding to the child. Since the libido-theory and object-cathexes are not given a place in this theory no problems of de-sexualization of parent-objects and aim-inhibition of instincts need arise, nor do the authors

explain how something more than learning, i.e. a change in the structure of the character, can arise. In the same way as identification is not easily described in terms of learning theory, still less is it easy to see how introjection can be related to identification, and what both of these mechanisms have to do with super-ego formation. Dollard and Miller grant that the super-ego may be partly unconscious, and refer for examples of this to prohibitions which the child 'learned' before it could talk or think and therefore 'label' (which was also recognized by Watson). The examples mix up what is 'automatic' or 'unwitting' in the way that subliminal skills like the elementary learned movements in playing a piano or typewriter are 'unconscious' (really preconscious) with what is genuinely unconscious, and unconsciously operative in determining behaviour. By their conception the super-ego is not unconscious, it does not operate according to *internalized* prohibitions, and it is established without inner conflict and without repression. The super-ego consists of a sum of 'restraint habits'[1], or responses inhibiting drive-gratifications, which are learned according to the law of effect, as an automatic response due to conditioning, and derive their driving-power from a rewarding or punishing external agency, or from restraining social pressures outside the individual, such as the expectation of punishment from parents or society. The modification of the primary drives is thus not seen to involve a conflict with one set of tendencies on the one side and another set of tendencies on the other. The source of the restraint is placed, as with the older school of behaviourism, on a external stimulus which occurs together with the initial tendencies, and results in the establishment of a habit of not doing something. A change in the external stimuli should eventually extinguish the habit, rather than come into conflict with a permanent, internalized prohibition. In contrast, Freud placed the restraining agency during the *first* stage of instinct modification *also* in the environment, but he postulated its establishment *within* the individual during a later stage in super-ego development, when it becomes independent of the environment and, by reason of its origin, equipped with a dynamic power of its own. There is also a difference of origin between Freud's conception of the super-ego and the Yale group's 'totality of restraint habits'. The latter are now believed to be established through the existence of affectionate, dependent bonds, and the expectation of reward and security between the child and its parents, but the authors are not able, through their concepts, to show how this establishment takes place.

Dollard and Miller, together with other neo-Behaviourists, did not find it necessary to subsume the primary drives (they speak of 'primary physiological needs') under one heading, or to personify them in the way that Freud has done in referring to their seat in the 'id'. Moreover, anger and aggression exist only as 'acquired drives' and the authors have found little use for the libido theory. Conflict is considered at the level of instinct only, or as conflict between the child and his punishing environment, which appears to rule out completely the *structural* conflict which Freud has found always to exist at the core of the neuroses, and the whole metapsychological approach to the understanding of the mental apparatus. Neurosis is understood simply as a learned false adaptive pattern in which the ego, through fear, drops out a part of reality or sees things falsely owing to repression; rather than being considered as one construct, or group of functions, which acts as a whole, in opposition to another construct, or set of functions, under certain conditions and with certain aims. The analysts' task, according to Dollard and Miller's concept of neurosis, is simply to remove the repression, restore external reality, see that the patient discriminates relevant cues, supply him with appropriate 'labels', and teach him to react to reality actively with 'strong, neurosis-resistant habits'. The ego, in this process, plays the part neither of the body-ego nor of the mediator between two other institutions. It is merely the 'sum or totality of skill habits'[2] comprising the higher mental processes. This means on the one hand the intellectual processes only, and on the other different units of social skills, such as good manners, social ease, etc., some of which could be made up if the therapist sent the patient to a 'charm school'. It is difficult to see, why, with so much of Freudian theory superseded, the authors persist in calling their approach 'Freudian' at all.

The impression with which one is left at the end of this book is highly unsatisfactory. Having set themselves such a high aim the authors betray their own method by using scientific jargon indiscriminately to justify loose thinking. The book is full of inconsistencies and the interpretations of data are in many cases highly subjective. Deductions are constantly being drawn which do not fit their premises (e.g. the adoption of Freud's terminology and the subsequent descriptions of psychic mechanism as if someone had arrived at them by logical and rational arrangement). The claim that Freudian psycho-analysis has been integrated into the author's hypothetical reasoning cannot be substantiated. Stylistically the book is written in a loose, didactic, racy fashion, reminiscent of the lecture-room, and a premium is set upon what can be simplified and made 'teachable' rather than what is complex or over-theoretical.

Ivy Bennett.

Anneliese Schnurmann.

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[1] and [2] cf. Mowrer and Kluckhohn: 'Dynamic Theory of Personality' in Hunt (Ed.): *Personality and the Behavior Disorders* (New York, 1944).

Psychoanalysis and Politics. A Contribution to the Psychology of Politics and Morals. By R. E. Money-Kyrle. (London: Gerald Duckworth, 1951. Pp. 183. 9*s*.)

Within the small compass of this volume there is contained much wisdom—or if that be too strong a word, at the least much food for profitable thought. Dr. Money-Kyrle was among the first (though not quite the first) to endeavour to make more or less generalized applications of psycho-analytic findings to ethical and social problems. In recent years there has appeared quite a number of volumes devoted to this subject. In the present book, however, he still maintains a kind of priority, inasmuch as he differs from the previous authors in making his approach largely from the point of view of Kleinian psychology. The evaluation of his work will thus inevitably to some extent be affected by the reader's estimate of the contributions made by Mrs. Klein and those who follow her. But whatever be the judgement on certain specific points there can be no doubt that in making the attempt he has forged another helpful link between what were formerly the separate disciplines of child psychology and social psychology—the kind of link in making which Freud himself excelled and to which is due so much of the wide illumination cast by psycho-analysis on human problems generally.

But at least two other factors have contributed largely to the author's viewpoint: his early philosophical training and his experience as a member of the German Personnel Research Branch (the ' spiritual creation ' of Dr. H. V. Dicks) which did valuable work both in social survey and in personnel selection in the British Zone of Germany after the war. In virtue of the former, Money-Kyrle has become dissatisfied with the stand of ethical relativism which is so frequently adopted (often, as he freely admits, as a valuable safeguard against bias) in social science; while the latter drove home to him the lesson, already learnt from psycho-analysis, of the existence of a correspondence between upbringing and character, in the sense of a positive correlation between stern discipline in youth and an attitude of authoritarian obedience in later life, while a home training in which sympathy and reason play a greater part is connected with a more liberal and ' realistic ' attitude based on a more tolerant super-ego of the kind which tends to be produced by successful analytic treatment. The author considers that on the basis of psycho-analytic knowledge it is possible to make certain at least provisional statements about the good or ' normal ' mind, as one in which no aspect (e.g. of love, fear, guilt or hate) is permanently excluded from consciousness, and which in consequence is tolerant alike of physical, social, and psychological realities. A good state or nation is in turn one which fosters such a character in its citizens. Perhaps the first part of the book, concerned with philosophical reflections and with the early development of mind, may prove rather over-long for readers anxious to get on to ' political ' implications, but the author obviously felt that these latter could only be properly appreciated against an adequate background of philosophical and psycho-analytical thought, and at any rate when he does start on his main theme in the second part of the book, almost every page contains some useful information or suggestion of a kind which is often foreign to the ordinary political thinker and which the latter would do well to ponder.

Klein's doctrine of good and bad ' objects ' and of the ' persecutory ' and ' depressive positions ' plays an important part in the author's treatment. In dealing with unconscious anxiety of bad objects, three possible outcomes are suggested. In the obsessional and authoritarian character conscience is surrendered to the persecutor; all resistance is regarded as hopeless and obedience to authority becomes the only virtue. In the hypo-paranoids the bad object is projected, with resulting gross exaggerations of the malignity of certain parts of the external world, while in the hypo-manics there takes place an identification with the projected bad object, love, pity and sympathy being in consequence utterly denied. This may give rise to what is described as ' devil worship ', which can be found in both metaphysical and political religions. Indeed one of the difficulties which a liberal *régime* has to face is that it is apt to arouse far less enthusiasm than do its more intolerant, merciless and authoritarian rivals—a matter on which a more extended treatment from the author's line of approach would have been very welcome.

The fear of the malignancy of a bad object—with such consequences as: hopeless submission, the attempt—through a sort of apotheosis—to convert it into a good one, often resulting either in identification with it or in an ' anxiously pacific ' attitude towards it—is perhaps the most novel theme of the book, though in some of its features it has admittedly been anticipated by Ernest Jones's article on ' Quislingism '. The author is emphatic about the dangers of overlooking genuine threats, to which such a development may lead, as exemplified by the attitude of liberal Germans towards Nazism in its early days and by that of the Allies a little later; any such attitude, he insists, is far removed from the liberal humanism of the ' normal ' mind, which does not conceal from itself the existence of real evil, just as on the other hand it is not prone to paranoiac exaggeration of the malignity of others.

Among the defences used in dealing with depressive anxiety the author mentions such processes as: exaggeration of the supposed evil qualities of those we have destroyed, as exemplified by regicides and

revolutionaries; the projection of guilt, as when scapegoats are found after a revolution or an unsuccessful war (as also in our punishment of criminals); denial of our aggression, as when we profess that our only desire is 'to live in peace' (whereas, according to the author, 'man is by nature one of the most ferocious and predatory animals, preying for the most part on his own species'); or denial of the fact that what we gain by our aggression is in many cases inevitably obtained at the expense of others (this often leading to a denial of the limited resources which the earth provides); exaggeration of the failings of those who suffer deprivations from which we are free, as in the attitude which has often been adopted towards the poverty-stricken or the unemployed.

In the course of his exposition the author touches suggestively on many points which have been frequently overlooked or inadequately stressed. To mention only three of these: he draws attention to the fact that, whereas early paranoid fantasies have plenty of opportunity of being gradually corrected so far as individuals are concerned, correction is much more difficult in the case of our attitude towards groups, the behaviour of which cannot be so concretely apprehended as that of individuals; in dealing with the necessity of creative work for purposes of 'reparation', he suggests that in the case of conscription more emphasis should be placed on the ethical justification of military service for the preservation of values (good objects), in order to balance the appeal already made in terms of purely personal advantage (a matter in which, incidentally, the experience of industrial psychologists in emphasizing the creative function of certain kinds of repetitive work might be of use); while in considering the problems of bureaucracy he points out that the individual citizen's concrete contacts with the state (the parent representative) are through its officials, and that unless these exhibit sympathy as well as conscientiousness and firmness they can scarcely fill the role of the good parent figure which in a 'good' state they are called upon to play.

These are only a few gleanings from a rich harvest of suggestions, many of which one could wish to see developed at greater length. The author is by no means pessimistic as regards the influence of what he calls 'political analysis', the literary psychoanalytic treatment of political and social problems, though he naturally regards any progress made by this means as in the nature of a long-term measure rather than as one likely seriously to affect immediate issues. But any politicians who may read this book will assuredly have taken a significant step towards the much needed clarification of political thought and action by such insight as psychology has at the present time to offer.

J. C. Flugel.

Essays in Applied Psycho-Analysis. By Ernest Jones. (London: The Hogarth Press and Institute of Psycho-Analysis, 1951. Two volumes. International Psycho-Analytical Library, Nos. 40 and 41. Pp. 333 and 381. 21*s.* each.)

These essays constitute a second and much enlarged edition of the book which appeared under the same title in 1923 and which was reviewed at some length in this Journal, 1924, **5**, p. 373. One essay which appeared in the first edition (that on Hamlet) is omitted from the present one, having appeared in book form under the title *Hamlet and Œdipus*. The remaining twelve are included, with a few additional notes, though divided among the two volumes, the first of which bears the sub-title 'Miscellaneous Essays', while the second is devoted to 'Essays in Folklore and Religion'. There are in all twenty-four new essays dealing with a wide variety of subjects, some of which have not appeared in print before, while others have been published in a number of books and journals (seven of them in this Journal) in this and other countries. Their collection in the present new edition is an event of importance which undoubtedly provides a very valuable addition to the literature of applied psycho-analysis, for though these essays vary considerably in length and profundity of treatment, every one of them displays in greater or less degree the erudition and psychological penetration which we have long since learnt to expect from all Ernest Jones's writings.

The twenty-four new essays could be classified in various ways, but perhaps the most convenient division is into two main groups, those devoted to more or less specific problems, and those dealing with the more general problems of the relation of psycho-analysis to other approaches or other fields of study. As it would be impossible in a review of ordinary length to present anything resembling a full account of the rich content of these new essays, and as some of them must already be known to readers of this Journal, it will perhaps be most helpful to enumerate the titles of those falling under these two heads. In the first group we find fourteen essays devoted respectively to 'The Inferiority Complex of the Welsh', 'The Problem of Paul Morphy', 'The Psychology of Constitional Monarchy', 'Can Civilization be Saved?', 'Evolution and Revolution', 'The Psychology of Quislingism', 'The Psychology of the Jewish Question', 'Psychopathology and International Tension', 'The Death of Hamlet's Father', 'Beliefs concerning the Nightmare', 'Mother Right and the Sexual Ignorance of Savages', 'A Psycho-Analytical Note on Palæolithic Art', 'Free Will and Determinism', 'The Significance of Christmas'. In the second group fall ten essays on 'The Relation of Abnormal to Social Psychology', 'Mental Heredity', 'Psycho-Analysis and Biology', 'Psycho-Analysis and Mental Hygiene', 'The

Individual and Society', 'Psycho-Analysis and Folklore', 'Psycho-Analysis and Anthropology', 'The Psychology of Religion', 'Psycho-Analysis and the Christian Religion', 'Rationalism and Psycho-Analysis'. These essays cover a fairly wide period—from 1924 to 1949; while if we include those which appeared also in the first edition, the period covered is nearly forty years—a long one in the still relatively short history of psycho-analysis. Although psycho-analysis has progressed during this period by the discovery of new facts, by the achievement of deeper insight and by the formulation of a more adequate theoretical framework, the freshness and general satisfyingness of the earlier essays affords further evidence, if this is needed, that the foundations of the new branch of knowledge were well and truly laid—for, although no doubt new and perhaps deeper interpretations could be added here and there, there is little if anything in the earlier essays that is likely to be pronounced as superseded or in need of drastic revision. These essays remain now, as they were on their first appearance, very definite contributions (often of the first importance) to the increase of psycho-analytical knowledge in the applied field. Only in one respect perhaps do the earlier essays seem a little 'out of date', viz. in the assumption of almost complete ignorance of, and of considerable antagonism towards, psycho-analysis on the part of non-psycho-analytical bodies (including learned ones) before which many of the papers were originally read; and this in turn makes us realize the relatively great strides which psycho-analysis has made in general popular estimation in recent years —a fact to which the author himself alluded with a certain astonishment in his 'valedictory address' in 1946. The assumption of ignorance or antagonism impelled him to devote some pages in quite a number of essays to a brief exposition of the general nature and findings of psycho-analysis (perhaps not in every case free from just a suspicion of *de haut en bas*) and this in turn inevitably leads to a certain amount of repetition which may seem rather superfluous to those who now read the book as a whole. But so ably is this exposition done from the intellectual standpoint, and with such economy of statement and suitability of emphasis for the purposes of the particular audience addressed, that any irritation at what is perhaps a small blemish from the present reader's point of view is likely to be silenced by admiration of the didactic skill displayed. Indeed in this, and still more in the general treatment of the themes selected, the epithet 'masterly' is one that will surely occur to many a reader, as it did to the present reviewer, on concluding certain of these essays. Those which deal with specific subjects all exemplify the way in which psycho-analysis can throw new light on biographical, historical, or social problems, many of them of recognized importance, as for instance that of Quislingism, which deals with the motives underlying treachery, as it is liable to manifest itself in any culture and at any epoch; while those which concern the relations between psycho-analysis and other disciplines or viewpoints are all suggestive of ways in which psycho-analysts and other workers can profitably learn from one another or by which obstacles to mutual understanding and collaboration may be overcome, perhaps the most brilliant essay of this kind being that on psycho-analysis and anthropology.

As is only to be expected, the insights to be obtained by psycho-analysis are not always of a kind to be welcomed at first sight by the representatives of other disciplines, any more than are the revelations of personal analysis in the case of individual patients, and Dr. Jones, as might also be expected, does not shirk treatment of the relevant resistances and their effects. Thus in the case of the relations between rationalism and psycho-analysis he draws attention to the lack of that degree of sympathy between the rationalist and psycho-analytic movements which the general similarity of their viewpoints and of the 'realistic' values they adopt might lead us to anticipate. Rationalists, he suggests, are suspicious of psycho-analysis because its accent on psychological reality runs counter to the generally materialistic presuppositions on which the rationalist movement was built and are also repelled by it because of the vast influence of irrational' factors which it has revealed. Psycho-analysts on their side are apt to feel that rationalists have concentrated too much on the threat to free thought that is presented by religion (they might perhaps be said to be 'fixated' at that level—though Dr. Jones does not actually use this term), treating with relative neglect the no less serious threats emanating from political sources and (above all) from resistances within the mind.

In the case of rationalism psycho-analysis has perhaps more to give than to receive (since it does in fact seek to adopt the rationalistic attitude and apply it to a wider field), but in the case of certain other disciplines, notably perhaps anthropology and folklore, psycho-analysis can learn much—at the very least as regards fascinating factual material—from its sister sciences. Dr. Jones has always been a warm advocate of the study of anthropological, mythological and folkloristic data even by those who are primarily concerned with the clinical aspects of psycho-analysis, which, as he himself has also on occasion said, will not necessarily in the long run be the most far-reaching in their consequences. At any rate we can safely say that these notable volumes should be read by everyone who is interested in psycho-analysis from whatever angle he approaches it, and also by all those who are concerned with the light which psychology can throw on any or every branch of the study of human behaviour, human works and human institutions.

J. C. Flugel.

Maternal Care and Mental Health. By J. Bowlby. World Health Organization: Monograph Series. (Geneva, 1951. Pp. 179. 10*s*., $2.00. Obtainable U.K. from H.M. Stationery Office; U.S.A. from Columbia University Press.)

Dr. Bowlby's book is the outcome of a temporary appointment with the World Health Organization in 1950. The result is a most impressive document which has one pervasive thesis, succinctly stated by the author: 'What is essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or mother substitute) in which both find satisfaction and enjoyment.' Maternal deprivation means the lack of this, from whatever cause. Partial deprivation leads to neurosis and instability of character. Complete deprivation may cripple entirely the capacity to make relationships.

Three types of evidence are reviewed—those based on direct observation, as in the work of Burlingham and Freud, Spitz and many others; retrospective studies such as those of Bowlby himself, Goldfarb and others; and follow-up studies, where Goldfarb's work is outstanding. The unanimity of so many investigators is certainly remarkable. Only three dissentients have been discovered by the author (Orgel, Brown, and Bodman), and he finds it possible to discount their findings on grounds of scientific method.

The evidence leads to the interim conclusion that prolonged maternal deprivation in the young child may have grave and far-reaching effects. Our knowledge of detail is small, but it seems likely that qualitative differences in the experiences of deprivation are connected with differences in outcome. Stealing, for instance, may depend on a break in love relationship and fail to appear if there has never been such a relationship. Deprivation in the second six months is universally agreed to be of great significance; many believe that this is true also of the first half-year, especially from three to six months.

Discussing theory, Bowlby draws an analogy from embryology in suggesting that the mother acts as a psychic 'organizer' whose presence is necessary at certain critical periods of development, particularly for successful identification. He gives much weight also to Goldfarb's finding that the capacity for abstract thinking, so essential for ego and super-ego development, is impaired in deprived children; and he attempts to outline theoretically the consequences of maternal deprivation occurring at various developmental stages. He does not minimize the difficulties of research, but gives some indications of how they may be met. The difficulty is in part one of satisfactory statistical treatment of the data; and Bowlby has given a welcome lead here by stating the degree of statistical significance attaching to the data he quotes.

The second part of the book deals with the practical problems of prevention of maternal deprivation. As any institution is usually inferior even to a bad home; the main task is to prevent family break-up. The cause of the latter is frequently psychiatric, and here we have to deal with the 'problem parent'. However, there are many simpler cases that can be met by socio-economic measures; and Bowlby rightly condemns the prevalent attitude of 'willingness to spend large sums of money looking after children away from their homes, combined with a haggling parsimony in giving aid to the home itself'. Other measures mentioned with approval include marriage and child guidance, schools for the maladjusted, and boarding schools. Illegitimate children should in most cases be adopted; and adoption is best done at a very early age.

It has been possible to give only the merest sketch of Dr. Bowlby's book here; it is a fine example of what can be done in the field of applied analysis when a psycho-analyst looks at heterogeneous material from a consistent viewpoint. Such work should eventually, in its turn, yield valuable results for the parent science.

W. H. Gillespie.

ABSTRACTS

THE PSYCHOANALYTIC QUARTERLY, **20**, 1951, No. 1.

Rudolph M. Loewenstein. 'The Problem of Interpretation.'

Interpretation is one among many ways in which the analyst intervenes during treatment. Other interventions include those which induce the patient to follow the fundamental rule, those which fall under the heading of the rule of abstinence, those which help to create the so-called analytical atmosphere, and those which encourage verbalization and discourage acting-out. Another group of interventions falls into the category of preparation for interpretation, e.g. confronting the patient with the fact that certain events and modes of behaviour have tended to recur during his life. No hard and fast line can be drawn between this kind of confrontation and an interpretation proper, which increases the patient's knowledge of himself.

Interpretations produce insight only if certain conditions are fulfilled; dynamic, economic, and structural considerations have to be taken into account. These are discussed in a way that aims 'at encompassing in greater detail the rôle of ego psychology in psycho-analytic technique'.

Interpretations are directed towards increasing the patient's understanding of his own individual experiences and not to the uncovering of 'complexes'. They should conform to the patient's progression 'from the surface to the so-called depths' and should achieve an optimal balance between the known and the unknown, between the present and the past. They are best given in a certain sequence, e.g. defences should be analysed before id derivatives. This sequence, however, is not, as has frequently been maintained, a direct reflection of the layered structure of the personality in reverse chronology. As a result of the overlap of developmental stages and of 'reshuffling' during analysis 'the process of analysis is not a mirror image of the psychological ontogeny'.

Closely connected with the sequence of interpretation are the questions of timing and 'tact'. Premature deep interpretations should be avoided, since they tend to mobilize intellectualizing defences. 'Tact' is defined as the 'intuitive evaluation of the patient's problems which leads the analyst to choose, among many possible interventions or interpretations, the one which is right at a given moment'.

Interpretations should be specific and concrete and should be phrased in the patient's own idiom. They gain if the element of time can be introduced, since 'such interpretations are genetic, linking the patient's past with his present, and vice versa'. In addition to the familiar type of interpretation in which significant events in the patient's distant past are reconstructed from analytical material, another type of interpretation, which might be called 'reconstruction upwards', is sometimes used. In such an interpretation regressive material is used to reconstruct a relatively recent conflict or to deduce forgotten conscious emotional states. Several clinical examples are given.

Ernst Kris. 'Ego Psychology and Interpretation in Psychoanalytic Therapy.'

This paper begins with a brief historical résumé of the relationship between clinical observations and the development of analytical theory and technique. The point is particularly made that, whereas some theoretical advances influenced the content of interpretation without having any specific effect on technique, the influence of ego-psychology and the greater understanding of resistances afforded by it has led to a gradual transformation of technique. Resistance has ceased to be an obstacle to analysis and has become part of the 'psychic surface' which has to be explored.

Two clinical examples are given to demonstrate the way in which the technique of giving priority to interpretation of defence-mechanisms and of proceeding from the surface to the depths allows greater and more detailed understanding to be achieved. The second example shows how a second period of analysis based on this technique was able to supplement an earlier one by its greater concreteness, and by its greater success in linking past and present, adult symptomatology and infantile phantasy. It elucidated the defence-mechanisms used to inhibit activities, the unconscious origin of which had been correctly understood in the first analysis.

The paper ends with a discussion of planning and intuition, from the point of view of the way in which advances in ego-psychology have made possible more accurate teaching about the 'hierarchy' and 'timing' of interpretations. The view is expressed that the antithesis often assumed to exist between the two is false, and that the problem it attempted to clarify is spurious. The apparent choice between planning and intuition is really a matter of the individual analyst's preference for conscious or preconscious thought processes. All advances in analysis have come about as a result of their interaction.

Heinz Hartmann. ' Technical Implications of Ego Psychology.'

In comparing the development of psycho-analytical theory and technique, the lag to-day is rather on the side of technique. The full implications of the replacement of the older layer concepts by structural concepts have yet to be realized. In particular, more detailed study of the various functional units of the ego, and their interrelationships, is indicated, as an adjunct to the study of the ego's relations with the id and super-ego.

In reviewing the way in which the former stratified conception of the psychic apparatus has been modified and elaborated by the introduction of structural concepts, the example of speech and language in analysis is used to show how this development has helped towards better understanding and use of analytical material.

Despite this development it remains true that the structural aspects of interpretation tend to be less well understood than its dynamic and economic aspects. This is particularly so in situations in which the opposition of defence and instinct becomes blurred, as, for instance, when defences become sexualized. In addition, certain familiar incidental effects of interpretation have not been sufficiently taken into account either in our theory or our technique.

In conclusion, an attempt is made to ' show that it may prove useful to view certain related problems of psycho-analytic psychology from the angle of a principle of " multiple appeal " '.

Ives Hendrick. ' Early Development of the Ego: Identification in Infancy.'

Earlier papers have shown that the pathology of the psychoses and also of many character disorders is the result of defects in ego development, and that the symptoms are end-results not of a healthy ego's defences against unresolved infantile conflicts but of a fundamental inadequacy of the ego itself. This conception of ' ego-defect ' neuroses demands a more comprehensive analysis of normal ego development than has yet been attempted, and forces us to realize that studies of the ego have been largely concerned with defence mechanisms that presuppose an ego of considerable maturity. This paper is concerned with the impact of emotional and realistic forces from the environment on the development of ' partial ego-functions ' and in particular with the causes and effects of identification in infancy.

Identification originates in the wish to be like another individual in some way and leads to the assimilation of the desired traits as stable and permanent elements of the personality. Identifications which contribute to basic ego development result from much earlier and more primitive relations of the infant with its object than do those which lead to super-ego formation. They involve partial rather than total cathexes of the object and are responses to frustration of primitive needs rather than to prohibitions resulting from highly complex object relations. In contrast to super-ego identifications they arise from a two-person relationship, being the result of ambivalence towards one object, the mother.

Although ego-identification is presumably initiated by pleasure in imitation, significant and lasting identifications are the result of ambivalent relationships and are related to envy of the power of the frustrating object. It can be assumed, therefore, that the infant's first identifications occur only when there is some kind of recognition of external objects as such and some kind of awareness of frustration by them. This presupposes a certain development of the discriminating powers of the special senses and some perception of recurrent internal tensions and of their recurrent pleasurable relief in association with partial perceptions of the mother. As soon as association of some aspect of the mother with anticipation of gratification has taken place, motor activities such as cries of hunger cease to be simply responses to need and become emotional demands.

The helplessness and frustrations which produce ambivalence are resolved by attaining the power to do a thing oneself. Ego-identification may either produce the ability to exert the power originally attributed to another, or, if this is still physiologically impossible, it may result in the use of substitute partial functions in which the power is exerted in phantasy. The specific functions attained by identification vary greatly, depending on the stage of emotional and ego development prevailing when the specific conflict occurs.

The common use of ' identification ' and ' introjection ' as synonyms is unjustified. ' Introjection is a wish to incorporate, a phantasy; identification a process ', which may on occasion be associated with phantasies other than oral-sadistic. It is closely related to the process of learning. Although the ego's executant functions appear spontaneously when the necessary physiological mechanisms have matured, the manner and extent of their use and the preference for some over others are largely the result of identifications, and failure of essential ego-identification in infancy will result in some defect of ego-function in adult life.

Merton M. Gill. ' Ego Psychology and Psychotherapy.'

Various problems of psychotherapy are discussed from the standpoint of ego psychology.

1. *Indications.* The choice between psychoanalysis and psychotherapy is determined by the therapeutic goal that is thought desirable or practicable in any particular case. This depends on various factors, including the reality situation, but fundamentally it is a matter of deciding whether

the defences of the ego should be strengthened in order to reinstate the position prevailing before the neurotic breakdown or whether they should be broken through in order to achieve a re-integration of the ego. Psychotherapy is indicated when strengthening the ego is all that is necessary. Analysis is indicated in a middle range of cases in which the ego is sufficiently damaged to require repair but remains sufficiently strong for defences to be analysed without risking disintegration of the ego. Analysis plus supportive therapy is indicated in borderline cases, where there is a danger of impairing what little integration the ego still retains. Cases in which symptoms and character disorders have become ego-syntonic also demand analysis.

2. *Techniques.* Various principles underlying the techniques of strengthening defences are formulated. (i) Ego activities in which defence is combined with adaptive gratification should be encouraged, while those which are maladaptive should be discouraged. (ii) Important defences should not be attacked unwittingly. (iii) Remote derivatives of defensive systems that are not being used maladaptively should be ignored. (iv) The theory of strengthening defences can be formulated in terms of Glover's suggestion that artificial neuroses may be set up which offer partial discharge for instinct derivatives, and thereby decrease the amount of defensive work demanded of the ego.

3. *Hypnosis.* Earlier work by the present writer and his co-workers has shown that the view that defences are abolished by hypnosis is incorrect. The defence mechanism of repression is often altered, but it is uncertain whether or to what extent other defences are changed. Hypnosis is more correctly seen as a state of altered ego function than as one in which defences are obliterated. The ego's capacity to reflect and synthesize can remain relatively unimpaired and subjects in deep hypnosis can examine the hypnotic state itself and deal with its transference implications. It appears that the analysis of the transference does not make further hypnosis impossible, nor does it undo symptomatic improvements.

4. *Limitations.* Our knowledge of ego functions, particularly in regard to working through and the need for affective re-living, forces us to recognize that psychotherapy, in which time is restricted and in which the transference-neurosis is never fully developed, has certain inevitable limitations.

Richard Sterba. ' Character and Resistance.'

Character, i.e. those features of the personality which are more or less permanent and ' characteristic ' of it, is usually attributed to the ego. But in fact it is the result not only of the ego's specific ways of dealing with internal and external stimuli but also of the specific nature and quantity of the demands made on the ego by the id. It is also modified by the specific demands and prohibitions of the super-ego. Hence ' one might define character as the sum total of specific reactions of the individual, determined by the three provinces of the mind according to their inherited and acquired dynamics '. Particularly when character is considered in relation to resistance is it important to be aware of this threefold origin and to avoid the tendency to restrict the concept to the province of the ego—a tendency we owe to Reich, to whom character and resistance were identical and who conceived of both as simply expressions of ego-defence.

Freud in *The Problem of Anxiety* classified resistances into five groups. It is clear that four of these groups, the three types of ego-resistance and resistance from the super-ego, are closely connected with character. In the case of the fifth, resistance of the id, which is essentially a matter of the ' viscosity ' of the libido, the reluctance of the instincts to develop has a definite effect on character, as is shown by the example of psychological infantilism.

Although clinical experience shows that certain character types frequently display certain types of resistance, this fact has little value in intensive therapy. ' Psycho-analytic therapy is extremely individualistic and the single patient approaches patterns and types only very superficially.' Since we are far from possessing a unified psycho-analytical characterology, the connection between the concepts of character and resistance should be kept as loose as possible.

Milton L. Miller. ' The Traumatic Effect of Surgical Operations in Childhood on the Integrative Functions of the Ego.'

Clinical material is presented from the analyses of two patients who as small children had had surgical operations. In each case pre-existing œdipal anxiety and guilt about masturbation led to the operation having a traumatic effect, producing phobic symptoms and character defences. Both patients responded unconsciously to competitive situations in adult life as though to the threat of an operation, and the repetitive nature of this reaction constituted a problem. Therapeutic progress in each case was the result of uncovering repressed emotions associated with the operation and interpreting the way in which the ego-defences used to deal with current problems were a repetition of those used to deal with the infantile trauma.

Leon J. Saul. ' Two Observations on the Split in Object Choice.'

The general split in the sexual object choice in men, and their difficulty in fusing sensual and tender feelings, are discussed in relation to the man's dependence on his mother and his need to find an outlet for his hostility. These two factors are often

interconnected, since dependence provokes hostility as a result of the frustrations and narcissistic injuries involved. The sexual interest in depreciated women provides an outlet not only for active, sexual wishes that are incompatible with passive, dependent longings, but also for hostility which cannot be directed towards the idealized mother or mother-substitute. The depreciated woman is identified with neither the mother nor the patient himself, who therefore feels free to attack her. Since hostility is probably a biological element in sexuality, some guilt, conscious or unconscious, is probably unavoidable.

Charles F. Rycroft (London).

Symposium on Genetic Psychology. *American Journal of Orthopsychiatry*, **21**, 3, July, 1951.

The four papers included in the symposium were presented at Clark University, Worcester, Massachusetts, on April 20, 1950, in a programme commemorating the Sixtieth Anniversary of Clark University.

1. Heinz Werner. Introduction: The Conception of Genetic Psychology.

In his introduction to the symposium, Heinz Werner, Professor of Genetic Psychology at Clark University, paid homage to G. Stanley Hall, first President of Clark University, and the 'father of genetic psychology'. It was Stanley Hall who extended the invitation to Freud to speak on psychoanalysis on the occasion of the nineteenth anniversary of the University. G. Stanley Hall's dynamic view of child psychology stressed not only the importance of ontogenetic studies, but also placed the subject within the wider field of studies of organic development. It was precisely his dynamic evolutionary approach to the deeper layers of mental life which made him realize the revolutionary nature of psycho-analysis. And this, moreover, was in the face of the current trend in America at that time towards an essentially behaviouristic, adynamic psychology. The present symposium bears witness to the fact that once more child psychology is turning in the direction of Stanley Hall's work: towards a genetic, dynamic, and organismic approach.

2. Anna Freud: The Contribution of Psychoanalysis to Genetic Psychology.

Anna Freud opened her paper by considering the great changes which have come about in the last forty years in America, in the relation between psycho-analysis and genetic psychology. From the first isolated attempts of pioneers like Brill, Putnam, and Hall, psycho-analysis finds itself to-day linked not only with psychiatry, pedagogics, medicine, but also with sociology, anthropology, criminology, and academic psychology. Contact between psycho-analysis and academic psychology occurred comparatively late and has varied greatly in kind and closeness. Various kinds of mutual approach between the two disciplines may be distinguished, thus:

Reviewing: From the side of psycho-analysis, a number of analysts with an active interest in academic psychology effected liaison between the two fields, interpreting the genetic theories to their analytic colleagues in psychoanalytic terms, and trying simultaneously to reformulate the analytic findings in academic terms. Typical work of this kind is that of Saussure in comparing phases of child development as described by Piaget and Freud; Bernfeld's discussion of Kurt Lewin in relation to psycho-analysis, van der Waals' interpretation of Sartre's theories, Flugel's discussion of psycho-analysis in *A Hundred Years of Psychology*. From the side of academic psychology, a typical recent attempt is that of Mowrer and Kluckhohn, who discuss the relations between psycho-analysis, social anthropology, and learning theory.

The eclectics: Particularly in America, some leading academic psychologists became interested in analytic findings, selecting certain aspects of them for inclusion in general theories of behaviour. A representative publication of this eclectic type is Henry Murray's *Explorations in Personality*.

Projective tests: As information about psychoanalytic work penetrated academic circles, psychologists began to devise procedures which afforded evidence of unconscious mental function. Projective techniques such as Rorschach, Murray's T.A.T., Szondi, etc., did much to further relations between psycho-analysis and general psychology.

Verification of psycho-analytic propositions: That it proved feasible to establish contact with the unconscious by other than psycho-analytic techniques led to the expectation that analytic findings in general might be open to verification by objective laboratory methods, and might therefore acquire a different status in the estimation of the scientist. Sears and Rapaport in particular have discussed and contributed to this approach.

Research activities carried out by psycho-analysts: Recent work by a number of psycho-analysts has created a new type of research work which combines the attitude of the psycho-analytically trained observer with the use of experimental and statistical techniques, e.g. the work of Levy, Ribble, Spitz, Fries, Bowlby.

Metapsychological correlation: Recent theoretical reformations of analytic metapsychology in concepts of genetic psychology, and *vice versa*, have created further meeting points. On the psycho-analytic side, this work is linked with the names of Hartmann, Kris, and Lowenstein; on the psychological, with that of Rapaport.

The present relationship between psycho-analysis and academic psychology

It is in procedure rather than in aim that the greatest differences hold between psycho-analysis and genetic psychology. For whereas both disciplines seek to understand the present in terms of the past, the 'pure research' method of the genetic psychologist contrasts sharply with the 'action research' of the analyst. This leads to an important difference in the way in which subjects are selected for study, and in the character of the psychological manifestations observed. Nor can one say in the

latter regard that the difference between the intense emotional experiences observed in analysis and those of the artificial laboratory setting is merely one of quantity, for where emotional experience is concerned, quantitative difference leads to important variations in quality. For clinical evidence shows that the child's ego has different means at its disposal when dealing with major events than when dealing with events of comparatively small importance. While it is often true that a minor frustration, for instance, is symbolic of a major one, it is difficult to determine this without the intimate knowledge of the individual which is only possible by psycho-analytic means.

Further, while the academic research worker directs his attention towards registering the conscious mental manifestations and overt behaviour of the subject, analytic observation is directed towards the unconscious background of the conscious phenomena. This leads to a difference between the two disciplines in the part played by the personality and subjective reactions of the observer, for the analyst has to become, as it were, the screen on to which the patient projects the image of his inner world. This difference, together with the fact that the analyst plays an active part in the very process which he is investigating, is responsible for much of the distrust with which many academic psychologists regard analytic work. That few workers have training in both fields, that translation of concepts from the one to the other science is difficult and in some cases even impossible, has led to much confusion, especially in the attempts to verify psycho-analytic propositions by experimental methods. Examples of such misinterpretations are considered, e.g. the attempt to study repression by testing the forgetting of unpleasant events, the confusion of anxiety with the special case of castration anxiety (Murray), the use of occurrence of genital gratification as a negative indication of sublimation (Taylor), the argument that absence of manifest signs of projection in the normal adult is counterevidence to the validity of the concept, etc. Such confusions are reflected in the conflicting and contradictory judgements passed on the subject by academic psychologists, even by those who subscribe to selected parts of the theories, as well as by those who devote their time and effort to their objective verification.

Psycho-analysis and Genetic Psychology

Following a formulation by Hartmann and Kris, the author discusses the three aspects of psycho-analytic investigation of behaviour: the description of a specific reaction as the outcome of an interplay of forces (dynamic); the tracing back of its occurrence to earlier situations (historical); and the exploration of the questions when, why and how this particular form of behaviour was first established (genetic). In the applications of psycho-analytic theory, however, an uneven emphasis is often placed upon one or other of these aspects, the genetic propositions being most often neglected.

In the history of psycho-analysis, genetic investigation proceeded from the study of libidinal development to that of the inhibiting forces, and established thereby the picture of two major lines of simultaneous, parallel growth in the human personality. Following the analytic procedure, the investigators in the analytic interview permitted their attention to alternate between the derivatives of the unconscious (in free association, dreams, and transference behaviour) and the manifestations of the inhibiting ego and superego (as revealed in the resistances). On the side of the instinctual drives, this work led to the reconstruction of the pregenital phases of libido development (oral, anal, phallic) and at a later date, of the accompanying development of the aggressive urge. On the side of the ego and superego, it led to the gradual understanding of the origin and unfolding of these parts of the personality, from a mere central point of awareness for sensations of pleasure and unpleasure to the complex ego organization in charge of important functions (such as perception, memory, reality testing, synthesizing of experience, control of motility), with the all-important task of acting as intermediary between the inner and outer world; so far as the superego is concerned, its task is to represent and enforce the moral dictates of the social environment within the individual personality. The exploration of instinctual and ego development respectively has thus proceeded from those points where representatives of these two parts of the personality clash with each other. This happens typically where the synthesis of experience within the ego produces painful opposition between incompatible urges such as love and hate, activity and passivity, masculine and feminine wishes; where the ego, with its regard for the dangers of the environment, opposes wish-fulfilment in the interest of safety; and where the aggressive and sexual strivings come up against the moral objections raised by the superego.

Psycho-analysis in its genetic investigations thus tries to establish three developmental sequences: the sequence of stages in instinctual development, libidinal and aggressive; the sequence of phases in ego and superego development; and at least in approximation, a third sequence of successive interaction between these two lines.

Reconstruction and Prediction in Psycho-Analysis

In examining the innumerable points of interaction between instinctual and ego development, it becomes apparent that the number of variables is much smaller on the former than on the latter side. A great variety of ego mechanisms is brought into action to deal with a comparatively small range of component instincts. It is largely the difference in ego and superego structure which accounts for the infinite variety of human personalities and clinical

pictures. Thus the outcomes of many infantile instinctual constellations are unpredictable, e.g. sexual curiosity as a component drive of the phallic phase may lead with equal probability to scoptophilia (when regressed to in later life), pseudodebility (severely repressed), exaggerated discretion or indifference to others' affairs (reaction formation), or to intellectual alertness and scientific interest (sublimated). These considerations have a bearing upon academic research, so far as it concerns attempts to validate the existence of infantile urges through enquiry into the residues by which they are represented in the memory of the adult. For instance, since there exist any number of solutions for the conflicts of the œdipal phase, it is not possible to verify the preference which the little boy shows for his mother by questioning adults or by direct observation of their manifest behaviour.

In the absence of fixed relationships between specific instinctive urges and specific ego attitudes, it is, further, not possible to base predictions on those research methods which reveal unconscious content only. Nor does similar or identical overt behaviour lead back invariably to the same underlying strivings. Some exceptions do exist, however, where a fairly constant correlation holds between id and ego forces. For instance, a limited number of mechanisms are used to deal with the urges associated with the anal-sadistic phase, and certain fixed relationships hold between id and ego elements in the so-called common symbols, and in certain character traits rooted in one unconscious constellation only. Such points of interaction between instinctual forces and ego attitudes, where the number of variables on the side of the ego is reduced, may offer starting-points for verification and validation of analytic findings.

Recommendations and conclusions

All those interested in the borderland between psycho-analysis and psychology agree on the need for joint training of research workers, or at least for close co-operation between representatives of the two fields. Nevertheless, psycho-analysts will continue to contribute fundamentally on the basis of their own technique. On the other hand, psycho-analytic child study has long worked at child observation outside the analytic setting, following the opportunities offered by life situations as they arose. Recent examples of detailed analytic observation were occasioned by the war, and a special interest lies in the possibility of following up the work by a later analysis of some of the individual children concerned. Other promising fields for analytic observation of children comprise the situation of children in concentration camps, who were separated from their parents at birth and grew up without knowledge of them, that of children evacuated from danger zones, orphaned or otherwise institutionalized children who spend their first years of life in a group instead of in a family setting. It is perhaps a justified assumption that the eventual meeting of academic and psychoanalytic research will take place, not in the realm of psycho-analytic work itself, but in this auxiliary, secondary field of analytically directed observational child study.

3. Robert R. Sears: Effects of Frustration and Anxiety on Fantasy Aggression.

Sears reports some experimental studies, designed to examine the relation between frustration and aggression. The data consist in time-sampling records of play by pre-school children in a standard situation. Ratings of aggressiveness in doll play were related to ratings of the severity of frustrations and punishment imposed at home. It is suggested that the child who shows a great deal of thematic aggression in his play may be not only a highly frustrated child, but also have been punished a great deal for his real-life aggressions. Secondly, the rapid increase, through several sessions, of the use of parent dolls in aggressive sequences suggests a relatively low anxiety about parental punishment. That is, the child who portrays the parent dolls as most aggressive is likely to be the child whose own parents are actually the least punitive or counter-aggressive towards him.

4. L. K. Frank: Genetic Psychology and its Prospects.

Frank discusses the changes in the concept of personality which have been brought about by changes in our attitude to the whole problem of organic development. The dynamic conception of genetic psychology to-day takes as its central task that of personality development, realizing the relative and idiomatic significance of all experience for the unique individual. In genetic psychology we are confronted with the problem of finding ways of describing the growth of the organism-personality, who is continually changing but who yet persists as an identified person. In seeking for a solution, we must not only avoid the errors of the static approach, but we must also beware of committing the genetic fallacy of confusing the origin of a thing with its import. In carrying forward the conception of organic evolution and functioning to the study of personality, we view the development of personality as a dynamic circular process. For the individual selectively establishes his unique life space by investing the environment with the meanings, the goals and values derived from his cultural tradition. Only a genetic study of the individual will enable us to discover how these patterns were learned and established. Just as he learns to live in a world defined by others, so he learns to think and feel about himself as defined by others, developing an image of the self as the chief actor in his ' private world '. The core of a healthy personality apparently is an image of the self that the individual can accept and live with, without feeling too guilty,

anxious, or hostile, without being self-defeated or destructive to others. As genetic psychology continues to study these problems and develops appropriate methods, it will contribute ever more understanding of the basic processes of personality development, and thereby enable us to grapple more effectively with the urgent problems of our disorderly social life and our disintegrating culture.

Cecily de Monchaux (London).

'Toward Unification of Training in Psychiatry and Psychoanalysis.' Howard W. Potter, M.D., Brooklyn, N.Y., and Henriette R. Klein, M.D., New York, N.Y. *The American Journal of Psychiatry*, **108,** No. 3, September, 1951, pp. 193–197.

Psychiatric residents indicated in a questionnaire as used by the two authors a need for organized training in psycho-dynamics, psychiatry, and psycho-analysis throughout their residencies. Observers could make no valid comparisons between the professional competence of residents who were in training at psycho-analytic institutes and those not being similarly trained. Residents in training at analytic institutes felt that this did not set up restrictions or limitations nor interfere with their clinical work but, rather, operated in a positive way during the residency training. All the teaching psychiatrists and all the teaching psycho-analysts agree that organized instruction in psychodynamics should be given in the residency training centre. Opinions about the value of a personal analysis independent of training for the practice of psycho-analysis were found to be based on tradition or personal experience rather than on investigative studies. The general consensus of teaching analysts was that there could be no modification of personal analysis of residents as to depth, breadth, or time. Half the analysts who recommended that residents undertake a personal analysis stated that it should begin at the start of the psychiatric residency or before.

Martin Grotjahn, M.D.

NEWS, NOTES AND COMMENTS

18th International Psycho-Analytical Congress, 1953. The British Psycho-Analytical Society, acting on the authorization of the 17th (Amsterdam) Congress, has proposed to the Executive of the Int.PA.A. that the 18th Congress be held at Bedford College (Regent's Park), London, commencing on Sunday, July 26, 1953.

A Conference of the European Branches of the International Psycho-Analytic Association. The British Psycho-Analytical Society plans to hold a conference in July 1952 and has invited members, associates and students of the European Branch Societies of the Int.PA.A. to participate.

The purpose of the Conference will be to enable scientific discussions to take place in small panels around a series of topics submitted by the participants. Apart from social events the conference will assemble in full only for the opening and the final sessions. The date of the conference has provisionally been fixed from Friday, July 4, 3 p.m., to Sunday, July 6, noon. All meetings will take place at the Institute of Psycho-Analysis, 63 New Cavendish Street, London, W.1. Members from Societies overseas will be welcome and should communicate with the Secretary, Institute of Psycho-Analysis, 63 New Cavendish Street, London, W.1.

Clarence P. Oberndorf. A dinner in honour of Dr. Clarence P. Oberndorf, distinguished psychiatrist and psycho-analyst, on the occasion of his seventieth birthday, will be given by his friends and colleagues on Friday evening, February 15, 1952, at the Waldorf Astoria in New York City. The British Society take this opportunity of offering Dr. Oberndorf their felicitations and of expressing their thanks for his invaluable help in the conduct of this journal.

Dr. Marjorie Brierley, a former member of the Editorial Board of the *International Journal of Psycho-Analysis*, has been appointed Assistant Editor in succession to the late Dr. John Rickman. Dr. Brierley is well known to the readers of this journal by her various papers on the theory and practice of psycho-analysis. These were published last year in her book *Trends in Psycho-Analysis* (reviewed by J. C. Flugel in *Int. J. Psycho-Anal.*, **32,** 259–261).

International Psycho-Analytical Association. Ruth S. Eissler, M.D., Secretary of the Int.PA.A. has changed her address to 285 Central Park West, New York 24, N.Y.

TO

MELANIE KLEIN

UPON THE OCCASION OF
HER SEVENTIETH BIRTHDAY
THESE PAGES ARE OFFERED
BY HER FRIENDS AND
PUPILS

Paula Heimann *Roger Money-Kyrle*

EDITORS OF THIS SPECIAL ISSUE

MELANIE KLEIN